

Active Living in Municipal Parks and Recreation: A Case Study

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**Submitted in partial fulfillment of the requirements for the degree
Master of Arts in Applied Health Sciences**

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DEDICATION

In memory of Nancy Sunderland (1940 – 2008), my neighbour, my mentor, and my friend; you inspired me with your tenacity, your practicality, and your love of experience.

ABSTRACT

If quality of life is an important recreation outcome, then municipal parks and recreation management's efforts have to change because:

Over one-third of all the little kids in schools will be diabetic in their lifetime if the trends we are looking at continue. The average loss of life is about 15 years, and there is an average reduction in quality of life by about 20 years (Jackson, 2007).

This thesis is about municipal parks and recreation, an agency that controls and limits physical activity opportunity. It is also about active living; from an ecological perspective, a multi-disciplinary approach to incorporate physical activity into more people's daily lives. In particular, this thesis examines one case – the Donutville Case – with the intent of providing an explanation of how municipal parks and recreation can advance its management efforts to improve health outcomes of people suffering from daily physical activity deficits. More specifically, how can the tension between external and internal environments to municipal parks and recreation be better balanced to affect the change needed?

Given that changing the current social reality is through making decisions, decision-making functions connected with systems theory helps identify how recreation authorities can more effectively influence environmental physical activity determinants. Sallis et al.' (2006) social ecological model provides the a priori focus on active living decision-making. An integrated analogous emerging logic model is developed and presented as an efficacious strategy for how municipal parks and recreation decision-makers can affect change.

Keywords: physical activity, benefits outcomes, healthy livable community, quality of life, systems thinking, social ecological model, decision-making, logic modeling, municipal parks and recreation, active living.

PREFACE

Municipality of Donutville Integrated Community Planning Meeting

Interested persons were invited to submit comments on what needs to change to make active living part of Donutville's core strategy to affect change.

The hall was filled
With more than a few,
Visionaries for cities,
A veritable who's who.

All excitedly trying
To get in the last word.
Each louder than the next,
Wanting to be heard.

"Quiet down," said the Mayor.
"Everyone gets a turn.
We're concerned for our city,
We're all here to learn."

"And that's why I've asked you
To this meeting to-day,
To get your ideas about where
We work live and play."

"Play," said the rec director,
"Now that's what I like."
"More police," said the sergeant,
"To patrol on their bikes."

"A creative city," said the artist.
"A healthy city," said the nurse.
"Bicycle paths and long walk lights,
Let's put the pedestrians first."

"Because I'm older," said a man
"People think I should sit.
But I like to keep active,
I'm really quite fit."

"How about a park for walking,
Now that's what I like,
With some nice paved pathways
To ride on with my bike."

"Parks," said the lady.
"Something nice with a view,
Although I'm in a wheelchair
I want to keep active too."

"Could that park have a ramp?"
The boy jumped to his feet.
"Now my friends and I
Must skateboard in the street."

A group of teen-agers said,
"What is our fate?
We don't play hockey,
But we all like to skate."

"In the winter," said a lady
"The sidewalks always have snow.
The ladies in my walking club
Have no place to go."

"There's bike lanes on the road,
Said the girl in the red shirt,
But they never get cleaned
They're always filled with dirt."

"Oh yes bike lanes," said a man.
"Add them to your list.
Try to cross a bridge on your bike,
They just don't exist."

"A move to sustainable communities
Must be made.
That's what active living is,"
Said the Premier's aide.

"Great," said the Mayor.
"I've got your ideas stored.
I'll go back to council
And get them on board."

"But everyone has to work.
No one is absolved.
Council can't do it alone,
We should all be involved."

"Creating a healthy livable community,
Neighbourhood by neighbourhood,
Fashioning a healthy lifestyle,
For everyone's good."

Now you can help the Mayor, just take the time, to share your ideas, and try to make them rhyme.

Are you willing to let your name and rhyme stand; and be in the minutes for all of time?
Yes ___ No ___ Let me think about it ___

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I found the research process to be an exhilarating and a gratifying experience. It was an intense one; one of the most demanding experiences that I have challenged myself to do. As I immersed myself into the Donutville Case, I felt it was a huge, multi-dimensional brainteaser that I had to solve without advice or direction.

Yet, I recognize no one is an island, MA students included. Without the assistance of many people, I would never have been able to complete this research. At the top of my list, I thank my husband Bill, for his endless patience, and optimism as I followed my dream to further my education. Additionally, I thank my neighbour Wyn Kalagian for her untiring enthusiasm that my efforts would eventually *unfold*; and to all my friends, and colleagues who applauded my perseverance.

At Brock University, my heartfelt thanks to Dr. Forrester who cheerfully plodded along with my research strategies believing in my ability to carry out this project before I fully did myself, as well as his endless editing of every word in the process; to Dr. Barnes for helping me focus the work, tightening it up, and finally editing it for publication; and to Dr. Kikulus for coaching me through the challenges of the qualitative process, and providing sensibility to my efforts. It was an honour and a privilege to have them on my thesis committee. My thanks, also to Dr. Plyley, Associate Dean, Research and Graduate Studies, Faculty of Applied Health Sciences for accepting me as a graduate student; as well as to Bev Minor, Administrative Assistant and her assistant Jane DeMan, Administrative Assistant, for keeping track of the bureaucratic details of graduate school for me.

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Finally, thank you to all the participants who engaged themselves in this research. Without your involvement, I never would have been able to carry out this study to the depth I did. Your beliefs, values, and norms shaped the outcome of the thesis.

This research is over, but it is not the end of the path of the Donutville Case. Many years lie ahead for the agents of change to leave their mark in building a healthy livable community. Change is an ever-evolving social process, and I hope municipal parks and recreation become the effector agency they ought to be, supported by the health and social sectors.

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CHAPTER ONE: INTRODUCTION

Overview and Context

One-third of all the little kids in schools will be diabetic in their lifetime if the trends we are looking at continue. The average loss of life is about 15 years, and there is an average reduction in quality of life by about 20 years (Jackson, 2007, p. 1).

This quote from a former medical officer of health reflects the pandemic proportion lifestyle diseases have reached. A House of Commons Standing Committee on Health reiterates what the experts are saying: "Today's children will be the first generation for some time to have poorer health outcomes and a shorter life expectancy than their parents" (Merrifield, 2007, p. 1).

Over 90% of children's and youth's (ages 5 – 19) lifestyles are too sedentary (Canadian Fitness and Lifestyle Research Institute, 2005c). Adults are not immune from lifestyle diseases, 51% favour the sedentary lifestyle (Canadian Fitness and Lifestyle Research Institute, 2005d). But this rate may be much higher, because the means to collect data are based on recall, and adults, some researchers suggest, may feel they are more active than they actually are. The data used to determine children's and youth's lifestyle behaviour are actual walking steps, taken on a given day (Canadian Fitness and Lifestyle Research Institute).

Until recently, lifestyle diseases had not been a primary focus for the health sector. They had initially focused on communicable diseases, until the evidence started to reveal that sedentary lifestyles were accounting for 60% of deaths (World Health Organization, 2004). Sixty-six percent of those deaths were attributed to non-communicable diseases (e.g., cardiovascular disease, diabetes, colon cancer, and breast cancer) in developing countries (World Health Organization). The cost of this non-active

lifestyle choice is estimated at \$2.1 billion, or 2.5% of Canadian health care costs (Katzmarzyk, Gledhill, & Shephard, 2000). Increasing levels of *physical activity* (PA) is an efficacious strategy for reducing the risk of chronic diseases, and subsequently reducing health care costs (Merrifield, 2007).

The health sector, from the World Health Organization to local public health units, has primarily taken the lead advocating for higher levels of PA (Bauman & Craig, 2005; Sallis, Bauman, & Pratt, 1998). Sallis et al. (2006) argue that because lifestyle is an interplay between the individual and their environments, the complex theory of required levels of PA has been deconstructed, and then reconstructed into a model that emphasizes the holistic interconnected environmental patterns of lifestyle behaviour (i.e., at work/school, home, play, and transport). PA thus, moves beyond the understanding of individual lifestyle choices, as solely emic (insider) choices, to understanding the interplay of an individual embedded in complex environments controlled by others (etic), other than the individual (Sallis et al., 1998; Sallis et al.).

With the intent of shifting decision-makers' thinking to this broader scope of intervention to affect change, the health sector tagged this mental image of PA opportunities as active living (AL) (Health Canada, Active Living, & Canadian Society for Exercise Physiology, 1998). Wharf-Higgins (2002) argues this complex meaning of AL requires more emphasis on understanding and changing the environments within which an individual is embedded. All policy- and decision-makers are implicated, private and public. Among the public sector, Health Canada has targeted health practitioners, municipal planners, and leisure practitioners, along with each of their respective professional organizations (Health Canada et al.). Mastering this shared AL

vision of an *integrated* sectoral role to affect change, the sectors have been supported with knowledge and skill building resources (Health Canada et al.).

Bauman and Craig (2005), posit some agencies are better positioned to affect change because they directly influence the environments within which PA takes place. The agencies that have the greatest potential are government and recreation (Bauman & Craig). Accordingly, Municipal parks and recreation (MPR) is well positioned to affect change (Balmer & Clark, 1997; Driver & Bruns, 1999; Godbey, Caldwell, Floyd, & Payne, 2005; Henderson et al., 2001; Kruger, Mowen, & Librett, 2007; Parks and Recreation Ontario, 2007; Sallis et al., 2006).

Governments in Canada have taken two main approaches to address the AL agenda (A. Salmon, personal communication, October 18, 2007). The first approach, the 2002 Canadian Sport Policy, focuses on improving the delivery of sport at the local level through MPR and other agencies including schools (Government of Canada, 2002). The other approach, the Integrated Pan-Canadian Healthy Living Strategy, recognizes the goals of the 2002 Canadian Sport Policy, and builds on the momentum of the framework that the Canadian Sport Policy provides to improve the delivery of sport as a PA (The Secretariat for the Intersectoral Healthy Living Network in Partnership, Federal-Provincial/Territorial Healthy Living Task Group, & the Federal-Provincial/Territorial Advisory Committee on Population Health and Health Security, 2005). This strategy takes a more holistic health approach addressing healthy eating, tobacco use, and mental health and injury prevention. Both these strategies are aligned and presented as bilateral agreements between the respective government departments of the Federal Government of Canada and the Ministry or Departments at the Provincial and Territorial level.

Statement of the Problem

MPR is identified as an effector agency to increase PA opportunities (reduce PA deficits) embraced within the shared vision of AL. This is a fitting role for MPR, considering it plays a similar role to social and health services. However, there is an incomplete understanding of the number of environmental factors limiting MPR from effectively managing the health issue of PA deficits within an AL approach (Librett, Henderson, Godbey, & Morrow, 2007). For this inquiry, the factors limiting MPR are grouped into two broad interconnected boundaries (systems) of understanding: internal (emic) to MPR, i.e., the delivery system, and external (etic) to the delivery system. An understanding of the boundaries, together with how MPR manages the tension between them, explicates the research problem.

Leisure research connects MPR activities to health outcomes (Driver & Bruns, 1999; Smale & Reid, 2002); but, as yet PA is not a central (emic) concern for MPR decision-makers (Henderson & Bialeschki, 2005). However, because of the increasing need to reduce PA deficits, Henderson and Bialeschki argue the recreation sector needs to transcend their multifaceted understanding of leisure, and focus on increasing PA opportunities. In a study conducted by Henderson et al. (2001), the authors state MPR decision-makers need to better scrutinize their actions that impede PA opportunities, because they have influence over “the environmental and *policy* determinants of PA in a community” (p. 23).

Because MPR decision-makers (emic) do not yet understand the influence of the outcome (etic) of their decision processes on PA deficits, their policy- and decision-making is characterized as very weak. For instance, in a study aimed at Canadian MPR,

the findings show a significant lack of efficacious PA decision- and policy-making. Only 30% of municipalities recognize the importance of PA, and only 17% have policies recognizing the importance of PA (Cameron, Craig, & Paolin, 2004). Only 44% provide information why people should be active, and 41% acknowledge they promote how someone can be active in their daily life (Cameron et al.). Additionally, only 39% of MPR agencies explain how someone can improve their skills to be physically active (Cameron et al.).

Underlying this problem of a lack of efficacious PA policy- and decision-making is the issue of parochial MPR boundaries. According to Smale and Reid (2002), MPR decision-makers may anchor their role to outcomes and quality of life, but:

The process of connecting the benefits of recreation to problems and issues with municipalities and their officials are concerned is an important but, as yet, uncompleted step. Completion of this step would not only publicize the potential benefits of public recreation to society, but also demonstrate how public recreation may contribute to the solution of social problems with which municipalities are grappling (p. 182).

In the case of helping the municipality grapple with the social issue of PA deficits, MPR is perceived as blaming the government for not providing them with resources that would assist MPR master the knowledge and skills of an AL approach. For instance, in a study by Cameron et al. (2004), over 90% of municipalities indicate they have received information about the importance of an AL approach, yet only 46% say the information meets their management needs.

To exacerbate the problem of affecting change, although MPR authority's aim is to meet a citizen's needs, and individuals advocate MPR's role is to provide information to them to meet their PA needs, MPR decision-makers are not successfully aligning

individual needs to PA needs (Cameron et al., 2004; Henderson et al., 2001).

Furthermore, because PA opportunities implicate other sectors, a *partnership* strategy is required. Henderson et al. states MPR's need to:

Partner [with other agencies] to promote PA in a community. A joint effort with a shared vision and conjoint responsibilities is required. No one government, not for profit, or commercial business can be solely responsible for the opportunities. From an ecological perspective, it takes a "village" to promote PA (p. 39).

Yet, there is a lack of an efficacious partnership strategy, argues Henderson et al. (2001). The authors rationalize this argument on the premise that MPR decision-makers do not clearly understand how AL (etic) fits with MPR's (emic) community role. If they did, they would understand their role is to:

[E]ducate people that PA is good for them, ... [and] also ... educate them about ways that they can become active. This does not need to be "structured" exercise... ;[and]
[Promote] the social nature of physical activities... [and] take a lead role in identifying and communicating all the public and private opportunities for PA that exist in the community (Henderson et al., p. 39).

There are a number of factors limiting MPR from being an effector agency, some factors internal to the MPR delivery system of operation, and some factors external to the MPR delivery system. Aligning the factors to effectively increase levels of PA requires an efficacious strategy connecting PA opportunities to health outcomes (short term outcome), to a healthy livable community (medium term outcome), and to quality of life (long term outcome). MPR policy- and decision-makers are only at the infancy stage of facing PA deficits within an AL approach (Gobster, 2005; Henderson & Bialeschki, 2005; Sallis & Linton, 2005). Yet, Henderson et al. (2001) posits with MPR resources, and accumulated leisure and management knowledge and skills, they ought to be in the forefront affecting change with more focused intentions.

Purpose Statement

This research study focuses on furthering an understanding of the interconnected environmental factors limiting MPR decision-makers from being a PA focused effector agency. The purpose of this case study design research is to provide an explanation of how MPR can improve its role to affect change aimed at PA deficits within an AL approach. That is, how can the tensions between external and internal environmental factors be better balanced to affect the change needed? The objectives are threefold: 1) To emphasize how MPR can more effectively influence environmental and policy determinants of PA in a community; 2) To identify some of the social ecological factors within a broader social context, which would improve MPR decisions to affect change; and, 3) To help MPR practitioners conceptualize relevant and appropriate interventions to affect PA behaviour change with an AL approach.

Key Research Questions

The central question of this case study is: How can MPR improve its capabilities to affect change? The three sub questions are: 1) What are the dynamic forces aimed at MPR decision-making? 2) What are the leveraging strategies used by MPR decision-makers to affect PA behaviour change? And, 3) What needs to change to make AL part of MPR's core strategy?

Scope of the Study

For the purpose of this case study, to further an understanding of how MPR can facilitate the AL agenda it is important to confine the scope of the research within the knowledge of the concepts of leisure and AL, as well as an understanding of MPR *services*. Leisure, recreation, and play is often used interchangeably; however, 'leisure'

researchers agree that these concepts are quite different (Karlis, 2004; Searle & Brayley, 1999). For this study, leisure is understood within its broader context as a personal experience and state of being, which promotes a holistic view of leisure.

Recreation is conceptualized as the structured means to deliver (facilitate) leisure services (Karlis, 2004; Searle & Brayley, 1999). Play is framed as a person's self-determined way of constructing their own leisure opportunities: when they want; how they want; and where they want within the parameters set forth in acceptable societal leisure services (Karlis). MPR is the accepted human constructed terminology used for a public recreation agency, an agency to deliver a broad range of leisure services with the intent of improving the quality of life (Karlis; Searle & Brayley).

Two interconnected perspectives (emic and etic) guide the thinking of AL. From an individual (emic) perspective, Henderson and Bialeschki (2005) posit that AL is a lifestyle, an active lifestyle that prevents chronic diseases. From an ecological perspective AL is conceived as four interconnected environments external (etic) to the individual – work/school, play, home, transport – where individuals can practice PA that prevents chronic diseases (Sallis et al., 2006).

The latter approach is taken for this study, i.e., AL is a cluster of environments that can impact on an individual's capabilities to practice AL (Sallis et al., 2006). Because AL encompasses these four environments, a multi-disciplinary approach to affecting change is implied. According to Sallis et al., the key disciplines with the potential to intervene to affect change are health, planning, transport, and recreation.

Two important tenets define an individual's preferred behaviour in the four environments. First, a moderate level of PA level is required most days, which can be

accumulated in 10-minute chunks up to 30 to 60 minutes. Second, the practice of PA is personally selected whether it is individually driven, such as participating in an organized sport activity during non-obligatory time, or it is a secondary outcome of another activity, such as riding a bicycle to work, or doing household chores (Health Canada et al., 1998).

Definition of Terms

Environmental: “Factors that may facilitate or hinder health behaviour” (Sallis & Owen, 2002, p. 463).

Integrated: “An integrated approach in policy development and research and programming can lead to greater health improvements and a more effective use of resources. As part of the Healthy Living Strategy, an integrated approach may target common risk factors for chronic diseases, consolidate efforts within specific settings, and engage partners from various jurisdictions and sectors” (Public Health Agency of Canada, 2005, p. 2).

Partnership: “A voluntary agreement between two or more partners to work cooperatively towards a common goal. Partnerships are a mechanism for putting integration into practice. They require an investment of time and resources over the long term. Creating conditions for healthy living is the shared responsibility of all sectors (e.g., health, environment, education, recreation, agriculture etc.) and requires partnerships between governments at all levels, the private sector, the not-for-profit sector, families, schools, workplaces and communities” (Public Health Agency of Canada, pp. 2-3).

Physical Activity: PA is a “behaviour that occurs in a variety of forms and contexts, including free play, house chores, exercise, school physical education and organized

sport. It refers to any body movement produced by the skeletal muscles and that results in a substantial increase over the resting energy expenditure” (Malina, Bouchard, & Bar-Or, 2004, p. 6).

Policy: “A course of action or inaction chosen by public authorities to address a given or interrelated set of problems” (Pal, 2006, p. 2).

Services: “Leisure services...are those derived according to the values, traditions or mores of a specific way of life or lifestyle of a particular cultural group(s) and Canada as a whole” (Karlis, 2004, p. 35).

CHAPTER TWO: LITERATURE REVIEW

Introduction

The literature review is presented in three sections. Beginning with an overview of the related AL and MPR research, this section aims to identify where this particular research fits into the leisure literature. Next, in order to pursue solutions to the research problem, it is important to orientate the problem, thus this section provides a protocol for understanding MPR. Last, the theoretical framework for this inquiry is laid out.

Though the principal thrust of the second section is to present an overview of the current reality of MPR, it also provides a glimpse of the significant dynamic forces aimed at shaping and influencing the agency of MPR. Among those dynamic forces are the PA and AL policy strategies of the federal and provincial government used to affect behavioural change at the local level. The scope of MPR resources and what it means in this inquiry are defined, as is an understanding of the political context within which MPR exists. Given the pivotal point of managing MPR resources within a dynamic political context is decision-making, an overview of the decision-making process is introduced.

Although the purpose of this case study design research is to provide an explanation of how MPR decision-makers can improve their role to affect change, it is insufficient to simply generate a list of ideas for practitioners without seeing the larger theoretical picture where improvements can be made. Therefore, the last section addresses the systems theoretical approach taken for this study. This discussion is extended to include the ecological model as both a conceptual framework, and analytical tool, and the interconnected promising key target interventions to affect change.

Municipal Parks and Recreation Active Living Literature

There are mounds of empirical PA research by health and leisure researchers (Librett et al., 2007). Because of this wide scope of PA literature, and because this research is focused on leisure services from a leisure perspective, the literature review is delimited to the leisure research. Fundamental assumptions about how MPR can affect change aimed at PA deficits is grounded in the leisure discipline's re-evaluation of its mission in society, which shifted back to its community roots of the industrialization era (discussed in the next section), when the aim of recreation was focused on improving health and social outcomes (Balmer & Clark, 1997; Forest, 1999; Godbey et al., 2005; Payne, 2002). In fact, leisure researchers are emphatic that the health outcomes of active recreation are obvious (Driver & Bruns, 1999; Godbey et al.; Payne).

The benefits movement of the 1990s can be credited with increasing this awareness of the relationship of health and leisure, as well as helping MPR decision-makers improve their accountability, given increased economic constraints augmented by the need to rationalize public policy (Driver & Bruns, 1999; Godbey et al., 2005; Payne, 2002; Smale & Reid, 2002). The core assumption of the benefits movement is, in order to affect change, a series of relevant interconnected (emic) decisions need to be made focused on the end user (etic) (Driver & Bruns). To help management promote this transformation, Driver and Bruns categorize the plethora of empirical research into four key categories.

Research related to chronic diseases and PA is categorized as personal-psycho-physical benefits. Because leisure researchers are interested in the broader dimensions of leisure, the personal benefits research extends to psychological (better

mental health and health maintenance, personal development and growth, and personal appreciation and satisfaction), and personal appreciation and satisfaction. In addition, to categorizing leisure literature focused on personal benefits, Driver and Bruns (1999) have inventoried the research related to three additional categories: social and cultural benefits, economic benefits, and environmental benefits.

Although PA is captured by Driver and Bruns' (1999) work, AL is not: However, it is captured in The Benefits Catalogue (Balmer & Clark, 1997), as one of eight key marketing messages "recreation and active living are ESSENTIAL TO PERSONAL HEALTH – a key determinant of health status" (Balmer & Clark, p. ix). Interestingly PA is not one of the eight key messages. The interplay of PA and AL and MPR (recreation) is an emergent theme of this inquiry.

AL for this inquiry is a broader concept that recognizes PA beyond just an activity carried out during leisure time, to an activity that can be incorporated into time spent at home and work/school, as well as during time spent transporting oneself from one place to another (Sallis et al., 2006). MPR for this inquiry is recognized as an effector agency that facilitates recreation, yet it has a greater potential to affect PA behaviour than many other agencies. There is limited research how this can be accomplished.

AL related research within the discipline of leisure can be sorted into two broad categories (Sallis et al., 2006). The first focuses on leisure behaviour during unobligated time, which has been well documented and categorized, aforementioned. The second focuses on the role of MPR in "facilitating and managing opportunities to be recreationally active" (Sallis et al., p. 308). This research focuses on management topics applied to designing and maintaining recreation settings. For instance, a special issue of

the Journal of Parks and Recreation Administration (Moore & Shafer, 2001) focuses on making the better decisions to improve the use and experience of MPR resources of parks and trails, such as conflict between cyclists and walkers, preferred user amenities, maintaining the trails with volunteers, and the design of policy of trails through partnerships. Management research also focuses on the broader issues of leisure management. For example, Hurd and McLean's (2004) work aims to understand and improve MPR CEO's competencies. Cousens, Barnes, Stevens, Mallen, and Bradish (2006) focus their research on MPR partnerships. Though this type of research is applicable to AL, more research is needed that covers the multidisciplinary underpinnings of a shared AL agenda (Buchner & Gobster, 2007; Kruger et al., 2007; Librett et al., 2007; Sallis et al., 2006; Spangler & Caldwell, 2007).

Leisure researchers extensively examine behaviour from a constraints perspective (e.g., intra- and interpersonal, and structural) (Crawford, Jackson, & Godbey, 1991), which is now being more positively examined from a facilitative process perspective (Sallis et al., 2006). This type of research lends itself to an ecological approach (Sallis et al.). Researchers have also focused on social influences of an experiential engagement of leisure activity (e.g., enjoyment, perceived freedom, or social interaction) (Mannell & Kleiber, 1997). According to McLeroy, Bibeau, Steckler, and Glanz (1988), an individual's behaviour is influenced by both external (macro) and internal factors (micro). The authors claim these factors can be categorized into five classes of intervention affecting PA behaviour: intrapersonal, interpersonal, institutional, community, and public policy. This categorical explanation of ecological influences has since been organized into two groups of physical and social environments (Stokols,

1992).

Stemming from the conclusions of the authors from the health discipline, the explanatory value of the benefits model, and other leisure researchers' social perspective on leisure, Henderson et al. (2001) has focused their research with an aim to better understand how MPR can promote PA. In their exploratory examination single case study, with focus groups as the one unit of analysis, they deployed a social ecological approach to interpret and analyze the data. The transcripts were organized first into categories of data, and then the emerging themes were grouped. Finally, the groups were refined to fit into an ecological approach.

To show the data, Henderson et al. (2001) present a modified version of Sallis et al.'s (1998) model. Two key findings emerge: MPR's amplified role as an effector agency and partner; and the interconnected intrapersonal factors, (i.e., motivations, constraints, perceive, and benefits) best understood by leisure researchers. This research suggests there is something larger to PA research that is being overlooked by leisure researchers; as well there is an element of understanding leisure missing from other disciplines' research.

Crediting the contribution of leisure researchers for their advancement of the relationship between health, PA, and MPR over the years, Sallis and Linton (2005) state more work is still needed, especially from the discipline of leisure. In a special issue of *Leisure Sciences* in 2005, a call was made for researchers to focus on the broader multidisciplinary agenda of AL and health (Henderson & Bialeschki, 2005). In a review of five recreation and leisure journals over a five-year period, 1.5% (9 out of 600) of the articles "dealt explicitly with AL issues" (Gobster, 2005, p. 368). This is disconcerting

when leisure research can “inform directions for changes in policy and practice” (Sallis & Linton, p. 353).

Increasingly, other disciplines are focusing on leisure and MPR as the missing link in an AL ecological research approach (Kaczynski & Henderson, 2007). Kaczynski and Henderson argue substantive AL research should include a leisure research perspective on the social implications, to offset and balance the other disciplines’ research, predominately grounded in the physical environment. Furthermore, from the perspective of leisure research “little detail is available about the complex associations between these settings and community-based PA” (Kaczynski & Henderson, p. 318). Therefore, to address this incongruity in the research, Kaczynski and Henderson review and critically examine over 1,120 studies starting at the year 1998, predominately outside of the leisure discipline, to align which ones are useful to the leisure discipline.

Forty percent of the articles report a positive association between MPR and PA variables. Another 40% report mixed findings associated with a disparate variable, either between the types of MPR settings (e.g., trails, parks, open space, recreation centres, exercise facilities, sport facilities, golf courses, swimming pools, lake/beach/coast), or the proximity to an MPR setting (e.g., specific referent time or distant, with walking distance, in the neighbourhood or close by, in the community, access to, continuous distance measure). The findings show the relationship is stronger between MPR and PA where there are mixed types of physical amenities, such as trails, parks, open spaces, golf courses, and natural settings, than recreation centres, exercise facilities, and sport facilities.

Drawing conclusions from the literature related to the *proximity* grouping of

studies to MPR, the researchers found it more difficult to find a strong correlation between PA and MPR. This is because of the variety of descriptors used to measure proximity. However, the findings show a stronger association with PA, with the closer proximity types of descriptors.

Of all the studies analyzed, Kaczynski and Henderson (2007) classify the intent of the majority of papers has been to emphasize the correlation between PA and MPR. There are fewer studies focused on evaluating the interventions to change the behaviour, or how MPR decision-makers can facilitate the interventions. The authors identify a need for future qualitative studies, to illuminate meaningful strategies to facilitate PA by MPR authorities. More research is needed using social ecological models to examine the dynamic complexities of PA with a collaborative perspective (Ainsworth, Mannell, Behrens, & Caldwell, 2007; Kaczynski & Henderson, 2007). Using a qualitative approach, this research aims to maximize an understanding of a collaborative perspective to affect change using an ecological model.

A vision of AL research is to identify the environmental factors that influence PA (Floyd, Crespo, & Sallis, 2008). The basic frameworks for advancing PA research from a leisure perspective, thus far, provide an incomplete understanding of the number of issues across sectoral boundaries (Librett et al., 2007). This research begins to fill the gap of understanding the environmental factors that influence PA across sectoral boundaries. But why is this research important? The outcomes of present management efforts has to change because:

One-third of all the little kids in schools will be diabetic in their lifetime if the trends we are looking at continue. The average loss of life is about 15 years, and there is an average reduction in quality of life by about 20 years (Jackson, 2007, p. 1).

Current Reality: Municipal Parks and Recreation

Before seeking a solution to the problem, it is important first to orientate a problem to the current reality, then subsequently identify the divergences from the desired ideal state (Clark, 2002; Hurd, Barcelona, & Meldrum, 2008; Kraus & Curtis, 2000; Pal, 2006; Senge, 2006). Defining the ideal state is relatively straightforward: MPR acting as effector agencies for change aimed at PA deficits within an AL approach. The challenge is describing the current reality, the aim of this section. Recognizing that the leisure sector describes how to leverage decision processes aimed at problem solving (Hurd et al.; Kraus & Curtis), Clark and Senge describe a more meaningful process that interconnects with the particulars of this inquiry's research problem.

Both Clark (2002) and Senge (2006) prescribe the need to dig deep into describing the historical trends to determine the external and internal patterns (trends) of decision-making behaviour. The aim is to identify whether or not the events over time are moving closer, or farther away from the desired ideal state. It is important that these factors be understood within the social context of the influencing environment, within which the agency exists, a common factor supported by the leisure sector (Edginton, Hudson, & Ford, 1999; Hurd et al., 2008; Kraus & Curtis, 2000).

Recognizing there is complexity in describing an agency's situation, Senge (2006) argues there are two ways to carry this out, either with a high level of detail complexity, or dynamic complexity. Finding solutions for a problem using a high level of complexity is not always a successful strategy due to the overwhelming detail. Alternatively, it is more productive to focus on the subtle dimensions of dynamic complexity from a temporal and spatial standpoint.

Clarke (2002) expands on Senge's (2006) two standpoints to include additional reference points to help recognize the patterns of change. He posits this method is "simple yet sophisticated enough to be appropriate for both small and large institutions" (p. 33). Using Clark's method, I rationalize what literature is relevant for capturing the current reality of MPR. That is, who is and has been involved in MPR, and PA decision-making, from what perspectives, and how did and do they interact with one another, and what about, in varying situations, employing what decision-making strategies, with what assets or resources after what outcomes – favouring PA or not – and to what effect (Clark). Or presented as a more detailed listing, situations (ecological or geographic, temporal, crises, institutionalization); participants (individuals, groups, organizations); perspectives (demands, expectations); base values (power, enlighten, wealth, well-being, skill, affection, respect, ethical standards); strategies (diplomatic, ideological, economic, military); outcomes (values accumulated or lost, decision choices); effects (values accumulated or lost); and institutional practices (diffusion or restriction of innovations).

The evolving patterns of change of MPR over time are reviewed first, followed by two sections of importance to this research the current reality of MPR resources upon which decisions are focused, and the political context that influences and shapes MPR decision-making. Given the pivotal point of problem solving is decision-making, and PA deficits are a problem, an overview of the decision-making processes is then introduced.

Evolving Patterns of Change

Driver (1999) posits that before 1960 decision-makers followed their own intuition and informed judgments developing and delivering leisure services, as there was no formal guiding principles. Because of the wide spread accepted practice of instituting

MPR, a related academic field emerged in the 1960s of researchers and trained practitioners (Driver). As the field evolves, researchers reflect upon the structuring of MPR, its growth and limitations as an institution, as well as the shifting priorities of government and recreation practices. Among those who have taken the time to historically capture and reflect on MPR in the literature are Driver and Wright, now retired leisure veterans. Burton, Smale, Reid, Searle, and Brayley are also some of the academic veterans who continue to analyze the forces of change, which have emerged over the decades; and finally, the new wave of researchers, such as Karlis and Glover continue the tradition of reflecting on the patterns of decision-making behaviour.

There are numerous strategies to portray the dynamic complexities of MPR. For instance, Smale and Reid (2002) focus on the evolution of policy. Wright (2000) addresses the development of urban parks as one specific resource of MPR, and Burton and Glover (1999) assess the alternative forms of MPR service delivery over time. Alternatively, Karlis (2004) as well as Searle and Brayley (1999), provide a broad sweeping stroke of Canadian leisure history encompassing the evolution of MPR in the public sector, and its relationship to health, and AL. Additional sources are also drawn upon to enhance this core understanding of the history of MPR.

Two significant patterns emerge from the literature review. The first, unlimited growth is undisputed by leisure researchers in North America. The second pattern witnesses a shift in behaviour resulting in a change to the MPR delivery system of operation, an overall theme that is collectively acknowledged by leisure researchers, but in a spectrum of ways. To keep the description focused on the research purpose, the relevant dynamics are demarcated into two periods of significant change beginning with

the Second World War up to the end of the 60s, when the next period picks up and continues to the present.

Unlimited Growth

The pattern of unlimited growth, or as the leisure sector identifies it, the recreation movement, solidified the institution of MPR services at the municipal level. As the industrialization era took hold of the changing economy from an agrarian based one, increasingly more people moved to the towns and villages to be closer to their work. Individuals demanded more organized and structured leisure to meet their needs, and organized fundamentalists advocated for more planned and structured leisure to meet the social and health needs of individuals. The people's demands met with a layering of policy to build in the capacity for local elected officials to offer recreation services, which evolved into the special purpose services of the MPR delivery system.

The 1883 Public Parks Act of Ontario, influenced by the public parks movement shaped the decisions at the municipal level to protect the natural environment, and provide natural places for people to engage in such activities, as walking and enjoying the outdoors (Burton & Glover, 1999; Karlis, 2004; Searle & Brayley, 1999). This Act enabled municipalities to appoint arms-length park boards, which ultimately received government funding. In the late 1800s, the Canadian National Council of Women led the playground movement, based on the premise that playgrounds would better support healthier behaviour and human development, which rationalized the need for recreation for youth, which then leveraged an argument to develop other leisure opportunities.

By the First World War, the focus of the public parks movement at the municipal level shifted from providing "an aesthetically satisfying pastoral retreat set aside for the

peaceful enjoyment of nature to sites that provided facilities for much more active participation” (Wright, 2000, p. 16). People begin organizing themselves in various sporting clubs demanding suitable facilities. Outdoor *athletic* park facilities, such as ball and soccer playing fields are linked to the playground movement, and managed by municipal playground departments, committees or park boards (Karlis, 2004; Searle & Brayley, 1999). Public demand increases the number of facilities substantially, and by the 1920s each Ontario municipality, town, village, and hamlet had at least one outdoor rink (Wright) development supported by the 1920 Community Halls Act.

The 1920 Ontario Community Halls Act provided a portion of funding for local groups to construct their own community halls or athletic fields, which ultimately was turned over to a decision-making body to supervise, operate and maintain (Burton & Glover, 1999). The types of facilities to support PA opportunities expanded to include lawn bowling greens, tennis, track and field, golf courses, toboggan runs, and quoit (discus) pitches, as well as some indoor facilities (Wright, 2000).

Positive side effects emerge from the growth of MPR. For instance, by the 1920s constituents organized themselves into two interconnected types of voluntary community groups: groups that favoured structured sports as opposed to unstructured activities, such as walking, and play; and groups that focused on community service – service clubs – whose primary service was to raise funds for organized sport (Wright). Both began to, and continue to, influence MPR services (Burton & Glover, 1999; Karlis, 2004). Another positive outcome because of the proliferation of new recreation infrastructure, is the 1939 Youth Training Act enacted by the federal government aimed at meeting the local demand for trained leisure practitioners to facilitate the delivery of services connected

with the infrastructure (Burton & Glover, 1999). A concurrent growth factor outside of MPR, the automobile introduced in 1908, improves the accessibility of leisure opportunities significantly, and thus the growth of the recreation sector (Karlis; Searle & Brayley).

Shifting the Burden

An overlap of the growth of MPR continues into this next era, but not without a shift of the meaning of MPR. The expectations of recreation services meeting public demand begins to change significantly, with a new wave of changes emerging in the 1970s. This descriptive reflection is divided into two overlapping historical periods: first, the period ending in the 1960s, the next, bringing MPR into the present.

Public policy began to shift away from meeting the wants and desires of citizens at the local level to delegating responsibility to municipalities (Tindal & Tindal, 2004). For instance, the 1943 National Physical Fitness Act requires local municipal authorities to place an emphasis on increasing opportunities for people to engage in PA, because a higher level of fitness for military recruits needs to be achieved (Searle & Brayley, 1999). During the same period, in 1945, the provincial government of Ontario creates a department of physical and health education within the Ministry of Education, which shapes the types of leisure activities and relationships of partners at the local level (Karlis, 2004). Again, the federal government with the passing of the 1961 Fitness and Amateur Sport Act emphasizes the ongoing concern for increased levels of PA. At this same time, government supports the linking of provincial sports organizations to national ones to better oversee the groups at the municipal level using the MPR facilities for their activities (Karlis).

The meaning of MPR begins to shift away from the social and health relevance of its original intent. Its deemed role, advocated by local authorities, as an effector agency to change leisure behaviour and support human development, is delimited. New strategies to manage health and social outcomes are needed, argue local officials (Haddow, 2002); resulting in a shift of the social advocacy role away from the MPR sector to a new municipal social sector (Searle & Brayley, 1999). However, the cost of managing social reform is far too exorbitant to meet revenues from the local property tax (the method to fund municipal efforts) (Haddow). This issue implicates the federal governments' engagement at the local level, introducing a myriad of new strategies to affect social change (Haddow). Though many programs are not particularly relevant to MPR, the job creation program created to stimulate the economy infuses needed funding into its delivery system (Searle & Brayley).

Interconnected and related to the issue of shifting the meaning of MPR, is the change of community health responsibilities away from local community involvement towards a medical model. This is due to the “advent of the sulpha drugs and penicillin (...)—with its emphasis on the diagnosis and treatment of individuals with powerful medical and surgical therapies—” (Hancock, 2002, p. 255).

The next dynamic factor affecting the MPR delivery system is the limited financial resources from local property taxes to meet the demand for community recreation. Individuals continue to insist MPR services be provided on the premise it is their “civic right” (Burton & Glover, 1999, p. 378). Funding for facility infrastructure continues into the 1960s, but there is little for its operation, or programs and services (Searle & Brayley, 1999). Within a broader social context, leisure opportunities are

increasing with the advent of the television (Searle & Brayley). This is only the beginning of an abundance of leisure goods being produced and consumed by society, thus diversifying leisure opportunities (Searle & Brayley). The private sector also emerges as a leisure service provider (Karlis, 2004).

MPR practitioners have reached the threshold of their second era, as a fledging municipal sector, impacted by these many interconnected external forces that have changed the functioning landscape of how MPR's delivery system is to operate. Efforts to sustain the purpose of MPR turn in two directions. First, in 1965 they assemble themselves into the professional body of the Canadian Parks and Recreation Association (Searle & Brayley, 1999), which provides a secure environment to continue the discourse of the intended vision of MPR. Next, as practitioners they lower their professional expectations, and begin to function in a system of operation with diverging purposes not directly aimed at health and social issues, only indirectly.

The major distinguishing factor of this next era is the strong divergent understanding of the roles of MPR and health at the federal and provincial level, thus the description follows two paths, first recreation then health, but there is also a convergence of roles and the two paths occasionally intercede. Problems carry over from the last era "municipal governments were forced to limit the growth of recreation services and to adopt a new style of recreation leadership" (Searle & Brayley, 1999, p. 26). This new style of leadership is a diversification of a number of symptomatic solutions articulated by leisure researchers, such as Carpenter and Howe (1985).

MPR, as a sector, resists many of these symptomatic solutions advocating for a federal/provincial mandate, which results in a value statement made by the higher-level

governments of the importance of recreation to the well-being of citizens, but the government asserts there is no support to service this value. This marks another major shift in power, that is articulated in the 1987 National Recreation Statement, and subsequently supported in the province of Ontario's Community Recreation Policy Statement that the municipal government is to be "the direct service provider of last resort" (Smale & Reid, 2002, p. 177). Thus, MPR is envisioned by governments of all levels, as not a major or central provider of recreation services; thereby the responsibility of the municipal government to support the MPR delivery system is officially released, and if the service is supported, it is to become a local financial responsibility.

These rigorous financial constraints imposed on MPR at the local level (Smale & Reid, 2002), force MPR decision-makers to adjust their approach to services with symptomatic solutions in the guise of an entrepreneurial approach to service delivery (Smale & Reid). Thus, some researchers support this direction and analyze strategies that better serve this purpose. Other researchers, propose alternative fundamental solutions, such as the community development model (Smale & Reid, 2002). Still, other researchers argue how to reposition MPR in this changing landscape (Kaczynski, Havitz, & McCarville, 2005). Stemming from this latter approach is the benefits movement (discussed earlier). Critical of the continuation of symptomatic solutions MPR had to cope with, an attempt is made to redirect its purpose to a preferred fundamental solution to sustain their services. A new vision is articulated for MPR in Canada:

By the year 2001, recreation and parks service will be recognized as:

- *Champions of personal and community well-being* – an essential component of Canada's commitment to health, active lifestyles, and quality community living
- *Central to our quest for the human potential* – a key partner in our evolving learning society that ensures both personal satisfaction and economic

competitiveness

- *Builders of our social foundations* – key facilitators of strong families and communities, and the source of many grass-roots, self-help initiatives
- *Catalysts for Canada's green movement* – leaders in environmental education and examples of sustainable, ecologically responsible practices and lifestyles
- *A cornerstone for economic renewal* – a partner in Canada's largest industry (tourism), an incubator for innovation and leadership used in all walks of life, a key partner in nurturing culture and the quality of life magnet (Balmer & Clark, 1997, p. vii).

During this last descriptive era of recreation, the federal government may not have been directing its attention to the recreation sector, but they were very focused on new health (Hancock, 2002). In 1974 the federal government produced the LaLonde Report, which:

[W]as a revolutionary impact on public health—and, indeed, on our understanding of health and its determinants. It noted that major improvements in the health of Canadians would result primarily from changing our lifestyles and improving our environment, not health care (Hancock, p. 258).

The LaLonde Report shapes the shared vision produced by the World Health Organization produced in November, 1986, commonly referred to as the Ottawa Charter (World Health Organization, 1986). The shift in focus shapes the rhetoric of health promotion: reorient health services to health promotion; build healthy public policy; create supportive environments, strengthen community action, and develop personal skills. Hancock notes that though the federal and provincial governments maintain a strong value for this new agenda, commitment to address the determinants at the local level, as early as the mid-1990s begins to shift away from its stated intent (Hancock), a common theme which is addressed momentarily.

The focus on PA has not wavered; it continues to be a critical health issue. One of the national initiatives before the Ottawa Charter, was Participaction (Searle &

Brayley, 1999). However, the federal government cancelled it in favour of alternative strategies after the Ottawa Charter, but subsequently resurrected it in 2007 (Woodland, 2008). In 1980, the Canadian Fitness and Lifestyle Research Institute, a non-profit organization, is established to monitor PA through research (Karlis, 2004).

But preceding the adoption of the Ottawa Charter on the world stage, a Canadian Summit on Fitness June 1986 is held representing a turning point by the federal and provincial governments, which shifts the focus towards conceptualizing PA within the framework of the AL agenda (A. Salmon, personal electronic communication, October 18, 2007). Then, in 1997, the Ontario Sport and Recreation Branch of the Ministry of Citizenship, Culture and Recreation, collaborates with the Health Promotion Branch of the Ministry of Health, with input from the Ministry of Education and Training, to develop a multifaceted strategy to target PA deficits as part of the AL agenda (Canadian Fitness and Lifestyle Research Institute, 2005a). The intent is to target four different settings, and three systems implicating MPR (Canadian Fitness and Lifestyle Research Institute). An understanding emerges that MPR is to play a role as an effector agency. The Canadian Parks and Recreation Association publicly reiterates the meaning of recreation as an effector agency, and states their intent to *move in this apparent new direction* (Canadian Parks and Recreation Association, 2006).

MPR's professional bodies accept this apparent new defined direction, and subsequently MPR are to adjust their management efforts accordingly to support:

- **Active Communities** is composed of Outreach and Education; Seasonal Campaigns (i.e. Summer Active sent out by Parks and Recreation Ontario); Use of the Physical Activity Guide; Physical Activity Network and Web site; and the Active Living Community Action Program;
- Activities within the **Sport System** include New Sport Models/Adaptations and Training and Resources for Leaders;

- The **Recreation System** includes Resource Materials and Training, Encourage Activity Outside the **Formal Recreation System**, and New Types of Exercise Programs (Adapted from Canadian Fitness and Lifestyle Research Institute, 2005b, p. 1).

The patterned trend of developing policies focused on AL continues from 1986 into the new millennium. A plethora of policy strategies had been tabled, many which are referenced elsewhere in this Chapter, as well as other Chapters. Additionally, resources are made available to MPR. To inventory all the strategies is beyond the scope of this research. I draw upon two examples, one articulated by Searle and Brayley (1999), the other through mere happenstance.

Searle and Brayley (1999) describe the Coalition of Active Living, an organization created and supported by Health Canada. The intent of the Coalition is to help provide more clarity and shared commitment toward the government's new AL vision. Go-for-Green is another organization, with which I am familiar; it also emerged at the same time as the Coalition, but with the prime purpose of promoting active transportation. However, government support has dwindled, and by 2008 neither of these organizations is functioning (N. Dubois, personal electronic communication, February, 9, 2009; M. Haynes, personal electronic communication, January 7, 2009).

Another example is a publication produced to help shift MPR mindsets to a more in-depth understanding of how to implement AL. MPR¹ decision-makers had been supplied with the AL Tool Kit (Doiron, 1992) a three inch binder chock full of ideas to help shift the paradigm. It is difficult to judge how effective this particular publication has been, I found it in a Donutville MPR lending library, and although I tried to find sources electronically, none existed.

Though these are only two examples, the synergy on the surface appears to have dissipated at the federal level, and though the underpinning of an integrated sectoral approach to AL is still critical to increasing the levels of PA, the enthusiasm for an AL strategy never materialized to the extent hoped. Amongst all this health and AL rhetoric, MPR through its professional associations has made a strong volition to maintain its philosophical roots, yet within each municipality decision-makers succumb to a number of symptomatic solutions to deliver services.

An attempt is made by this literature review to understand the subtle changes to MPR, and how far it has strayed from its initial aspirations as effector agents focused on the health and social well-being of society. There are a range of factors highlighted in this literature review limiting the sectors growth and development, which is taken into consideration when collecting and analyzing the data. Though I attempted to sort through the complexity of MPR, I did not itemize specific interconnected social issues in this review that Searle and Brayley (1999) and Karlis (2004) reference as having powerful forces on how and what MPR decisions are made. For instance, there are the implications of an ageing population, working mothers, the poor, crime and violence, multiculturalism, and technology. However, I am cognizant and acknowledge some of these emerging issues in the data collection.

There are two major interconnected patterns that emerge from the literature, which have a strong influence on MPR as an effector agency, each which I feel warrants a separate discussion; first, the resources that MPR decision-makers *control* and have influence over; and second, the political context that constantly intervenes to reframe how MPR should control and manage these resources. The researcher reflectively

acknowledges both these perspectives during the data collection and analysis process of this research.

MPR Resources

Regardless of the municipality, MPR's resources reflect a recreation system that is astonishingly similar (Smale & Reid, 2002). Smale and Reid frame three groupings: facilities and parks and open spaces; programs and services; and special events. For purposes of this research, I have categorized Smale and Reid's work into four resources to deliver services, by subdividing the first element of facilities and open spaces into two. This is done because though infrastructure, the backbone of a municipality from which all other aspects are connected (Canada Infrastructure Department personnel, personal communication, Walk21 Conference, Fall 2007), open spaces, parks and trails, is often overshadowed by the financial need for improving aging and deteriorating facilities, such as arenas and swimming pools. Facilities tend to be interpreted and valued by society as indoor facilities for recreation pursuits.

Nevertheless, it is recognized that these two resources are related because a rink can be a facility in an *open space* or *park*, or it could be an indoor arena. Within an open space are trails. A trail is a linear park that becomes part of a larger interconnected system, which can connect one open space with another, connecting people from their home to a destination.

The second major resource is *facilities* (e.g., cultural facilities including museums and libraries; sport facilities, such as arenas, pools, golf courses and sports fields). The third is *programs and services*, which encompasses both sport (e.g., minor league sports), and culture (e.g., fine and performing arts), and more general leisure programs and

services (e.g., continuing education, health and fitness, hobbies and personal-interest activities). The fourth is *special events*, both sport and culture, (e.g., sports tournaments and cultural and ethnic celebrations, as well as festivals and events celebrating community pride and development).

These resources managed by MPR, in Canada, are permitted under the authority of provincial government legislation. In Ontario, the provincial Municipal Act, revised in 2001, organizes what services a municipality should or could provide within ten broad spheres, including one sphere for parks and recreation together with culture and heritage (Ministry of Municipal Affairs and Housing, 2007).

Political Context

Edginton (2006) rationalizes the political context that influences and shapes MPR within an interconnected system of four political units (contexts), each with their own established boundaries. The trans-national political unit, such as the World Health Organization, or World Leisure, is the broadest political unit possible on the global stage. These examples are non-profit agencies. At the trans-national level, these political units act as a feedback mechanism reporting on the outcomes of decisions. For instance, if there is a divergence from healthy outcomes that reduce the quality of life, they assess the situation and develop global strategies to correct it. Then, the strategies are targeted at key stakeholders, sometimes other political units.

At the next level in Canada, is the federal government that acts on convention “to promote health and well-being through recreation and sport” (Searle & Brayley, 1999, p. 90). Though recreation is not a priority, sport is, which is articulated in the 2002 Canadian Sport Policy (Government of Canada, 2002). The federal government also

promotes policy incentives, such as the Children's Fitness Credit (Canadian Revenue Reference, 2007). A federal government tax strategy, which subsidizes a parent's cost to engage their child in a structured activity with PA outcomes, such as the registration fee for junior hockey, or dance lessons. In accomplishing its goals, the federal government works closely with national sport and cultural associations, as well as with other leisure associations. For instance, the Canadian Parks and Recreation Association supported the federal government's 2002 Canadian Sport Policy, as a strategy to implement the AL agenda.

The Canadian Parks and Recreation Association represents the provincial and local interests of MPR, and targets the federal government to affect change that may be limiting the recreation system's effectiveness, as in the case of the 1987 National Recreation Statement. Functioning as a non-profit agency, the Canadian Parks and Recreation Association also links strategically with the provincial and territorial non-profit agencies, such as Parks and Recreation Ontario. Each agency has its respective political agendas based on its understanding of the specific needs to resolve problems at the municipal level.

Within the provincial political unit, government related MPR decision-making is similar to the federal unit, under convention (Searle & Brayley, 1999). A key point in understanding the locus of control in Canada, is that the provinces control the municipalities, a maintenance system for the order of society by government, by which the municipality is responsible to the province not the people (Tindal & Tindal, 2004). In Ontario, there are a number of Ministries controlling various aspects of issues at the local

level. For example, matters of local issues related to sport, recreation, and PA currently fall within the responsibility of the Ministry of Health Promotion.

Mentioned earlier, the broad spectrum of MPR orientation includes *culture, parks and recreation, and heritage*. Consequently, other Ministries implicate MPR in matters of importance other than just sport, recreation, and PA. For instance, depending on the scope of a MPR authority, they may need to focus their attention on matters important to the Ministry of Natural Resources, the Ministry of Community and Social Services, and/or the Ministry and Children Youth Services. Additionally, MPR must be cognizant of specific Ministry mandates, such as performance measures, under the Ministry of Municipal Affairs and Housing, environmental (natural) standards of operation, under the Ministry of Environment, cemeteries under the Ministry of Culture, and so forth. Thus, MPR decision-making is fragmented into silos of control, judged important by provincial elected officials.

The municipality is at the lowest level of all political units. In Ontario, there are over 450 municipalities. If there is MPR staff, they are ultimately answerable to the elected officials responsible for the formal policies- and decisions-made regarding the status of the four recreation assets. Within the municipal political unit are also layers of sport and recreation agencies, that may, or may not interconnect; or may connect with other political units (Searle & Brayley, 1999). For instance, municipal recreation may collaborate together with other recreation agencies, such as YMCAs, or/and other local sports groups. Or/and, as indicated earlier, recreation and the respective sport bodies are ideally connected to its respective provincial unit, which represents its interests at the provincial level. That is, MPRs may be affiliated with Parks and Recreation Ontario; and

each discipline of sport is ideally connected to a sport association, e.g., the Sunflower Squad, a women's mountain bike club, is affiliated with the Ontario Cycling Association.

Decision-Making Process

MPR has learned to live with continuous transformation over the last century. Accordingly, Morgan (2006) posits that managing with emergence as a natural state of affairs, as MPR decision-makers do in multiple, as well as changing political contexts, necessitates an understanding that:

[N]o one is ever in a position to control or design system operations in a comprehensive way. Form emerges. It cannot be imposed, and there are no end states. At best, would-be managers have to be content with an ability to nudge and push a system in a desired direction by shaping critical parameters that can influence the course of system evolution (p. 262).

To master the mind-set (mental model or paradigm), to nudge and push a system (environment), it is important for MPR to understand, first they are but one system, and the elusive ideal state (quality of life) is within another system. Or- MPR's efforts to affect health outcomes, as one system, cannot be achieved in a comprehensive way, because outcomes belong to an individual in another system. Or- bound within the parochialism mindset of a community as the whole system, MPR is one sector amongst others, grappling (nudging and pushing) at the social issue of PA deficits. Or- because AL information from government does not meet the needs of MPR, it is MPR's responsibility to nudge and push at its own system redirecting it in a desired direction. Significant for MPR decision-makers, is the recognition that MPR is part of a larger system, which can be viewed from multiple angles and that nudging and pushing means affecting change, and change requires in this inquiry, making better decisions.

Hurd et al. (2008) posit decision-making is a critical competency for MPR

decision-makers regardless of their position within the institution. They define a decision as “choosing from two or more alternatives through a process of analyzing the situation, evaluating options, and selecting a course of action” (p. 157). Edginton, Hudson, and Lankford (2001) identify two types of decisions characterized by the MPR profession, informal decisions based on assumptions and beliefs, and formal decisions based on written documents.

Assumptions and beliefs are ways of seeing the world (Clark, 2002; Morgan, 2006; Senge, 2006). For instance, because MPR decision-makers anchor their world to the quality of life, it is MPR’s belief their actions affect change, even in spite of the emergence of the state of affairs of PA deficits. Formal decisions are documents delineating the purpose, aims, goals, and objectives, principles, procedures, and rules for functioning MPR. To affect change MPR decision-makers need to understand what a municipality’s needs are before targeting them (Edginton & O’Neill, 1999). The process to determine need is characterized by planning, which Hurd et al. (2008) posit encompasses strategic planning, master planning, business planning, marketing planning, recreation program planning, and technology planning.

Recognizing there is significant literature on decision-making in the leisure literature, most of it focuses decision-making on planning and problem solving. There is a literature gap focused on the functions of decision-making related to policy and program interventions advocated by Sallis et al. (2006). Moreover, there is a gap in the literature that helps determine if the public policy processes, such as the AL agenda, is functioning effectively in the public interest. Because the public interest (quality of life) is an evolving process, yet of utmost a social concern, and because the AL agenda

focuses on improving the quality of life, specifically articulated as PA, an effective decision process is critical (Clark, 2002). Clark posits decision processes must be understood in conjunction with the social processes (people, groups, institution), and the resources (natural or built); each element impacting on the next.

Each decision process “performs seven functions, whether they are properly carried out or not, whether participants are completely aware of them or not, whether decision-makers are formally or informally organized, whether power in a community is broadly or narrowly held” (Clark, 2002, p. 59). Following an outline provided by Sallis et al. (2006), and expanded upon by Clark, Willard, and Cromley (2000), in addition to Clark, each function is described with the expected outcomes, and the relevant competencies that contribute to improved choices. Each function “presents its own challenges, institutions, relevant participants, and criteria for judging success” (Sallis et al., p. 311). Yet, to affect change there is a need to align each function as a functioning whole. Each decision-making function affects the next, thus one change anywhere in the system supports or is in conflict with the next (Sallis et al.). The functions can be grouped, or one particular function can be a focus of an evaluation, or one competency (Clark).

First, *intelligence* (knowledge-based evidence) is how stakeholders identify and bring in knowledge from multiple perspectives to inform and guide their decisions focusing on outcomes. Obstacles include “limited information, lack of expertise, and difficulties of estimating how people will value and respond to opportunities” (Sallis et al., 2006, p. 312). The evaluation of PA opportunity is often linked to the path of least resistance. That is, favouring decision choices based on reducing costs in the short term

over the long term; or valuing decision choices that are less economically focused, such as an individual's psychological PA behaviour, which favours convenience over a PA opportunity. The competencies required in order to succeed include, evidence that is dependable (factual); comprehensive (complete); and selective (targeted); yet creative (in finding facts).

Next, the knowledge-based evidence must be debated and discussed as what to do next, i.e., “mobilize support for policies” (Sallis et al., 2006, p. 312). Strategies need to be advocated (*promotion*). This function should be rationale (standards); integrated with other strategies when possible (synthetic); comprehensive (holistic); yet effectively mobilized (adopted). To succeed Sallis et al. posit “successful strategies for promoting physical activity must consider the timing and linkage to other issues, such as conservation, urban renewal, and transportation” (p. 312).

Subsequently, policies (*prescription*) refers to the “formal approval of laws, regulations, and budget decisions” (Sallis et al., 2006, p. 312). Policies should be rational (balanced); inclusive (includes all); prospects (future directed); yet effective (meet expectations). The prescription should be put into *practice* (invocation). The success of this function can be measured by timing (prompt, open); dependable (facts); rational (public interest); effective (for application); yet, not provocative (challenging).

Next, is applying the policies (*application*). Obstacles include the challenge of aligning aspects of an operation (objectives >> inputs >> activities >> outputs) to the new policies. Additionally, is the challenge of aligning the operation with other sectors in an open environment, because it is common for sectors to be “contesting with one another to pursue their own mandates and expand jurisdictions and resources” (Sallis et al., 2006, p.

313). Application should gain greater acceptance if they are appropriate (conforming to common interest prescriptions); there is uniformity (independent of special interest, contextual, unbiased); yet, the policies are effective (works in practice); and are constructive (mobilizing consensus and cooperation helps).

If the prescription gains greater acceptance, there is accepted *termination* by decision-makers of previous policy and program frameworks. Obstacles often “entail transitioning restructuring, personnel retraining... [and] overcoming the opposition of vested interests in the status quo” (Sallis et al., 2006, p. 313). The effectiveness of termination can be assessed by the transition, is it timely (prompt); comprehensive (holistic), dependable (factual); and ameliorative (supportive).

The *appraisal* function requires reflecting upon how well the decision process functions as a whole, and then assessing its performance. Appraisal feeds back into the knowledge-based evidence decision function. For leveraging PA opportunities, the challenges are “measuring utilization and outcomes, ambiguity in benchmarks of success, and how other options would have succeeded” (Sallis et al., 2006, p. 313). Sallis et al. posit often comparisons are made to other locations, and not within the context of the uniqueness of the circumstances and conditions of a particular place; a place controlled by different decision-makers making potentially different decision choices.

Competencies of appraisal should be dependable (realistic), yet contextual (practical).

The process should provide a continuing (ongoing) process that can be used.

Accordingly, it should address how and why to improve the intervention to affect change.

The decision-making process, in this inquiry, becomes a focal point to explain how MPR authorities can improve its capabilities to affect change. It is a means to

identify the obstacles and opportunities in terms of the dynamic forces aimed at MPR decision-making. It is a means to identify the leveraging strategies used by MPR decision-makers to affect PA behaviour change. It is a means to identify what needs to change to make AL part of MPR's core strategy.

Theoretical Framework

Using a priori knowledge across disciplines, Sallis et al. (2006) conclude: "there are multiple levels of influence on physical activity, and the active living domains are associated with different environmental variables" (p. 297). Sorting the knowledge of the multiple levels of influence on PA behaviour into layers, each embedded with the different related AL variables has resulted in the development of an ecological model (see Appendix A Figure A1 Ecological Model of Four Domains of Active Living). This sensibility provides a comprehensive vision of the multiple interconnected complexities of the workings of a community, with a particular focus on the diversity of implicating AL variables (factors) targeted at PA deficits.

MPR decision-making is randomly embedded within each of these layers as a determinant of AL, sometimes visibly, i.e., decisions regarding public recreation investment in infrastructure are in the outer layer of the policy environment, and decisions regarding parks and trails are identified as access and characteristics of the behavioural setting (see Appendix A). But MPR decision-making is also invisibly embedded. For instance, the social determinants for managing recreation (barriers and constraints that can impede individuals from engaging in recreational activities) are embedded in the perceived environment and the intrapersonal layer (see Appendix A). The leisure sector, as a discipline, may take ownership for advancing much of the

knowledge (Godbey et al., 2005; Sallis et al., 2006), but within the boundaries of this ecological model, barriers and constraints are implied as a shared responsibility with other disciplines. Moreover, the benefits outcomes sensibility, a MPR management trend, is embedded at the core of the model as a mix set of intrapersonal factors (see Appendix A).

This social ecological model assists the researcher in several ways (explicated in the next section), but the model does not provide a set of reference points to help practitioners conceptualize what needs to change to make AL part of MPR's core strategy. That is, the qualifying relevant and appropriate recursive PA decision-making generalized into the myriad of social contexts in the social ecological model. Thus, to help answer the question what needs to change, a visible analogous systems model is required. The model should remain integrated with the social ecological model, but it needs to transcend the boundaries of the social ecological model to separate the two cognitive levels of thinking for MPR decision-makers, i.e., one level primarily focused on AL decision-making provided by the social ecological model, and the second on the required MPR decision-making to affect change.

Therefore, systems theory, the a priori theoretical framework of the ecological model is used to develop an emergent analogous logic model to help address the emic issues of the purpose statement objectives, and answer the relevant emic research questions. Sallis et al.'s (2006) model becomes the backdrop of the new analogous model helping to understand the etic boundary tensions for achieving AL, what needs to be pushed into a desired direction; the external forces that influence the course of system evolution. The emerging model helps to understand the emic boundary of MPR's

delivery system, what needs to be pushed into a desired direction; the internal leveraging strategies that influence the course of system evolution.

Systems Theory

This section addresses the systems theoretical approach taken for this study to further understand where the interconnected factors limiting MPR decision-makers from being a PA change agency can be found. Much is owed to the seminal work published in 1968, of the theorist biologist Ludwig von Bertalanffy for furthering an understanding of systems theory (Morgan, 2006; Patton, 2002). von Bertalanffy's hypothesis integrates the myriad of systems theories into one, stating regardless whether a system is physical, biological, or sociological, each system follows the same basic principles. The basic assumption of his research is based on the premise that by understanding the complexity of how a living organism functions can be applied to understanding the complexity of other systematic functions, such as organizational issues of agencies. Three basic interconnected precepts underpin systems theory: 1) a system functions interdependently within its environment, 2) it is made of interrelated parts that make up a whole, and 3) there is alignment between systems (Morgan).

First, Morgan's (2006) argument is that for an organization to appropriately function (manage its business) it must understand its relationship within the environment; it must be in a position to understand the contextual changes (influences) of the environment within which it exists. This realization is critical for the agency to understand in order for it to strategically align its boundary of jurisdiction of responsibility to appropriately deal with the relevancy of the situational changes as defined by the agency's purpose. Should this mutual dependency not be recognized, the

agency ceases to function in a meaningful way. Central to this precept is the notion of balancing: organisms are open to their environment, and in order to survive they must seek a relationship (feedback) within the greater environment (Morgan). Feedback processes can either reinforce (amplify) an organization, or balance (stabilize) it within an open system (Senge, 2006).

Reinforcing (amplifying) feedback decisions perpetuate growth focusing on a desired end state, not necessarily an ideal state. For instance, because hockey is Canada's national sport there is a notion that every Canadian should learn how to play hockey. Therefore, every community should have an arena where Canadians can learn to play hockey and practice their skills. MPR decision-makers then reinforce this identified need based on this knowledge-based evidence resulting with every community having a hockey arena. The result of this desired end state is one of growth of hockey arenas; subsequently the growth of MPR resources.

This decision meets with success in that it grows PA opportunities for youth to learn how to play hockey and practice their skills, thus influencing health outcomes. However, the growth of facilities results in the potential systematic problem of maintaining the facilities, and the eventual long term problem of replacement costs. Reinforcing feedback decisions, although they reinforce positive health outcomes perpetuate MPR's own agenda characterized by the assumptions and beliefs how decision-makers see the world, that of infrastructure. There is nothing inherently wrong with reinforcing feedback decisions, but in some ways, they can be a vicious circle that perpetuates growth, unlimited growth. This is the underlying precept of the recreation movement.

However, there are always limits to growth in an open environment, a tipping point when limits are reached, shifting the pattern to balancing feedback practices (Senge, 2006). Balancing (stabilizing) feedback systems can produce its own agendas (goals). Goal-orientated behaviour is an underlying precept of balancing feedback, a need to achieve homeostasis (a principle of alignment between systems). Goals can come from anywhere. The goal can be explicit, such as the rigorous financial constraints imposed on MPR by governments to adjust their approach to services to an entrepreneurial one. Alternatively, the goal can be an underlying implicit goal vested in the status quo, such as MPR decision-makers desire to anchor their role to the quality life.

Second, is understanding a system is made up of interrelated parts (that are wholes in themselves) that make up the whole (Morgan, 2006). For example, an individual (who is a system in their own right) associated with a department, (e.g., the department of parks and recreation), which is associated with a municipality, which is associated with a community are each parts (systems) of a whole system. If the whole system is the municipality, the other parts are the subsystems. Departments visualized as a system, are then generally broken out into their functions or subsystems, such as inputs, activities, outputs, and outcomes (a similar system structure to benefits outcomes). Each of these subsystems characterizes a complex system of their own account.

Morgan argues (2006) that aspects of these subsystems may need to be adjusted to balance the system of delivery (e.g., MPR) with the environment. For example, applying a priori benefits outcomes management sensibility, *inputs*, such as management, strategic direction, and human resources, may need to change to satisfy and balance the internal needs of the delivering service (*activities*), to maintain its efficiencies (*outputs*), and

effectiveness (*outcomes*) with the open environment.

Third, is achieving alignment between the systems, i.e., identifying the divergences and making the adjustments accordingly. Avoiding the understanding of this precept Morgan (2006) argues can seriously dysfunction the intent of an agency's effectiveness. This is the precept within which an understanding of a number of principles of systems theory are often used to analyze an organization to identify the systematic problems that require adjusting or applying (Morgan). *Homeostasis* is the need of self-regulation achieved through feedback. *Entropy* is a system characterized by importing symptomatic solutions that cause it to deteriorate and run down. *Structure, function, differentiation, and integration* collectively are an understanding of the intertwined relationship of all these parts, i.e., one adjustment has an impact elsewhere in the system. *Requisite variety* relates to the latter principle in that a system should have a variety of internal regulatory mechanisms to achieve balance with the variety of influences imposed externally. The principle of *equifinality* provides an understanding that there are different ways at arriving at the ideal state (vision). *System evolution* is the capacity of a system to easily manifest itself (differentiate and integrate) within the system to deal with the challenges and opportunities posed by the environment.

Hurd and McLean's (2004) research supports a systems theory framework in their work on competencies. They posit competent decision-making within the system can improve an agency's efficiencies internally, as well as externally. Driver and Bruns (1999) in their ground-breaking research on benefits outcomes, also support systems theory. The premise of their hypothesis is that in order for MPR to more effectively manage its resources within the current open environment (that exudes a lack of

perceived respect, a lack of funding, a lack of understanding, and so on is influencing, and ultimately rendering MPR services dysfunctional), an emic readjustment of leisure management practices is needed to anchor the agency to benefits outcomes.

Jubenville and Twilight's (1993) use of system theory focuses on the improvement of managing the delivery system emphasizing the importance of feedback as a balancing mechanism. That is, feedback can provide useful information to modify the delivery system made up of internal subsystems (inputs, activities, and outputs). They argue, for example, an agency should be in a position to promptly respond to an issue, such as a highly publicized drowning in an MPR swimming pool because one incident can affect all MPRs across the country, as one system. Thus, they posit decision-makers responsible for the management of MPRs will want to apply self-regulations to internally realign their system of inputs, activities, and outputs to the inevitable outcome of a drowning.

Authors (Patton, 2002) have recognized Senge's contribution to popularizing systems theory in his revolutionary book *Fifth Discipline*, first printed in 1990. His premise of systems theory centres on learning organizations, a management trend recognized by Hurd et al. (2008). A learning organization is an agency that instills the "value of learning and education as [a] means to developing individual staff members and the organization as a whole" (Hurd et al., p. 31).

This foundational management trend requires the understanding of five principles (Senge, 2006). *Systems thinking* based on the three systems theory precepts aforementioned. *Personal mastery* is the discipline of commitment to a vision to which an agency should aspire. The principle of a *mental model* (paradigm) is avoiding,

nevertheless understanding the assumptions and beliefs influencing decision-making that can be obstructive to accomplishing a vision. A *shared vision* must be a destination, a purpose, or a goal to which an agency or individual aspires. The last principle of *team learning* is the positive interaction of many actors who can influence the greater whole to affect change. Institutionalizing each of these disciplines, argues Senge, will advance the potential of an agency to make better decisions in an open environment, aligned with the intended goal (vision), subsequently becoming an effector agency in a position to affect change. Learning organizations is a management trend Hurd et al. (2008) recognize in their recent publication *Leisure Services Management*, in addition to outcomes based management, strategic management (planning) and leadership, and competency based management.

Clark (2002) a theoretical biologist argues biologists are naturally systems thinkers. He focuses his research on helping fellow naturalists understand decision-processes within a political context, with the aim to better protect and manage natural resources. The conceptual framework used for his research is based on the environmental sciences of ecology, in which is embedded the precepts of systems theory.

Conceptual Framework

Sallis et al.'s (2006) social ecological model uses a priori knowledge to promote a meaningful understanding of an AL approach aimed at reducing PA deficits (vision). In a sense, this model provides the ideal state (mental model) of a holistic understanding of AL within one municipal setting (context). It explicates the mutual dependency (team learning) all the disciplines need to master to affect change.

The research problem suggests there is tension between the current reality state of

MPR and the ideal state of AL. The purpose of this research is to provide an explanation of how MPR can improve its role to affect change, i.e., how can it realize this ideal state? To achieve this state, recursive decision-making by MPR within this ecological framework is needed.

To explicate an efficacious strategy, the inquiry focuses on identifying the divergences between MPR and the ideal state of AL, using the a priori categories of the social ecological model as the system archetypes to channel an understanding of the emerging gaps, i.e., the issues that require attention. To further an understanding of some of the promising interventions to affect change a complementary section is presented, but first a discussion on social ecological models, and the a priori environmental layers of Sallis et al.'s (2006) model.

Social Ecological Model

Only recently have social ecological models emerged within health research (Sallis & Owen, 2002). Based on the principles of systems theory, the social ecological model has helped move the research to identifying the multiple influences on PA behaviour (Sallis & Owen). Although the environment is an element of many other models, the environment is not articulated in the detail it is in the social ecological model (Sallis & Owen).

Understanding the multiple influences on PA from an AL perspective necessitates an approach that considers the order of the interconnectedness of the environments to improve health outcomes. Sallis et al.'s (2006) model, is among the first ecological models to bring together the order of complexities of the countless determinants related to AL, with PA at the core. Although there are other ecological models focusing on

interventions to promote PA, this model is the first one to bring together the complexities of the recreation perspective into the systems thinking of AL. Not only does the model value the role of recreation interventions to affect PA, it also provides a mental model of a shared vision among the disciplines of health, planning, and transportation. This model also, provides insight into the complexities of the social and decision influences of AL.

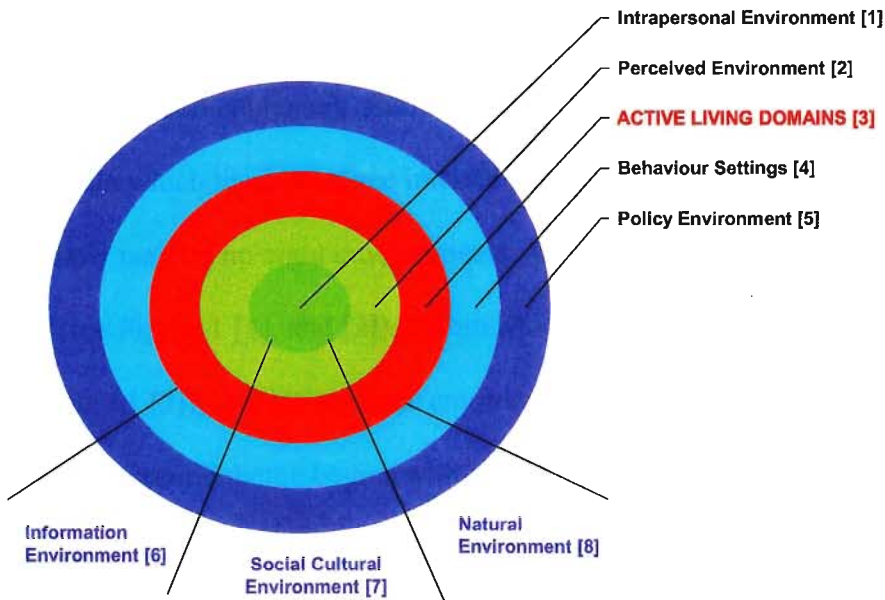
For this inquiry, the a priori categorical environments of Sallis et al.'s (2006) model (see Appendix A Figure A1 Ecological Model of Four Domains of Active Living) provides the context of themes and subthemes explored by the researcher to capture the social and decision processes centred on MPR resources. Collectively the environments comprise the context of one community (municipality). Figure 1, a characterized version of Sallis et al.'s model exhibited in Appendix A, shows the main environments that require the researcher's attention.

To explicate the factors pertinent to an ecological approach to AL, the environmental layers of Figure 1 are organized into three AL themes. 1) The first prominent theme is the multidisciplinary *AL approach*. 2) From this perspective, attention is directed towards the *external AL environmental factors* important to affecting change. 3) Then attention is directed to the *internal AL environmental factors* to important to affecting change.

Using Figure 1, to keep track of this discussion, I describe each of the environments organized into the three themes. To orientate the discussion, I refer to each environment with its corresponding number shown in a square bracket, e.g., Figure 1 [1] is the intrapersonal environment. Interconnected within each of these layered are decision functions. It is impossible to definitively state the decision functions applicable

to each environment; nevertheless, to orientate the reader I impose my own direct interpretation of the functions most applicable to that environment.

Figure 1. The Social Ecological Model of Active Living.



Adapted from Sallis et al. (2006)

First, is the prominent theme of an AL approach that emerges from the AL Domain (see Figure 1 [3]). Here are four separate, but interconnected domains, fundamental to an AL approach: household activities, occupational activities, active recreation, and active transport. This environment evokes the essence of an AL approach: a collaborative framework aimed at creating a healthy livable community. Although, each sector can target the most relevant environments correlated with its own intended purpose, Sallis et al. (2006) advocates the importance and power of sectoral partnerships (see Figure 1 [7], which intersects with AL Domains at Figure 1 [3]). Clark

(2002) argues that “decisions are not limited to just one actor” (p. 56). Decisions involve many stakeholders. It is important to recognize stakeholder dynamics, because it can limit or promote the interventions (Sallis et al., 2006; Sallis & Owen).

From the standpoint of partnerships, collaborative decision-makers can leverage the most relevant AL decision choices to affect change, based on its core intelligence (knowledge-based evidence). Either towards the two exterior layers (see Figure 1 [4] and [5]), within which there are three interconnected environments ([6] [7] and [8]), potentially making up eight environments. Or inwards toward the two core internal layers (see Figure 1 [1], and [2]), within which there is one interconnected environment (see Figure 1 [7]), making up three environments.

The second theme begins with the first external AL environmental layer, access and characteristics of the behavioural setting (see Figure 1 [4]), here PA takes place or not. This is where the select PA prescriptions are applied, and should be terminated if not appropriate to PA. In this layer the recreation environment of MPR resources intersects with the neighbourhood environment, home environment, school environment, and workplace environment. Signage a factor that shapes behaviour is found in this environment, signs such as no golf, or no roller blades in this park (an application of prescription). As well, the behavioural environment intersects with the natural environment (e.g., the weather, the topography, and air quality shown in Figure 1 [8]). In addition, the interconnecting social cultural environment (see Figure 1 [7]) influences the development and use of this environment, typified by the uniqueness of a community’s social climate, the accepted norms, beliefs, and assumptions characterized by a society. For example, because recreation is embodied as a civic right, a sports club’s appraisal of

the environment, i.e., what they feel they need, such as four-pad arena, or a soccer field, can be imposed onto MPR decision-makers as knowledge-based evidence. This evidence then can be used to shape the character and access of the behavioural setting. As well, there is the information environment (see Figure 1 [6]) such as health care, counseling, mass media, ads, and so forth, which influences or not PA behaviour within the behaviour setting environment. The leisure/community guides produced by MPR would be an example of a variable that fits within this environment.

The subsequent external layer is the policy environment (see Figure 1 [5]) the outcome (prescription) of the decision-making of each sectoral group's decision-makers or/and its respective political units' decision-makers. Here are a myriad of types of policies including public recreation investments and park policies, along with other sectoral policies, such as zoning, development regulations, and so forth. Similar to the context of the behaviour environment are three other environments, which intersect with the policy environment. The information environment (see Figure 1 [6]) includes the health promotion policies, such as Active2010 (knowledge-based evidence) to redirect decision-making, and sectoral business practices (prescription and application). The other environment is the natural environment (Figure 1 [8]), which can include land use/transport and infrastructure policies entailing all the decision-functions. The social cultural environment (see Figure 1 [7]) focuses on the advocacy debates by individuals and organizations.

The third theme, internal environmental AL factors address lifestyle change, i.e., how individual's independently process decisions, which are implicated by the perceived environment inclusive of safety, attractiveness, comfort, convenience, and accessibility

(see Figure 1 [2]); in addition to crime, which interconnects with the social cultural environment of Figure 1 [7]. From an individual's perspective, these determinants interconnect with the core environment of intrapersonal factors, i.e., the particulars, such as the demographics and biological health that define the specific social and health needs of individuals (see Figure 1 [1]). Family situations, which can also be a demographic factor, as well as, the psychological factors help understand PA behaviour. From the perspective of an effector agency, all these variables need to be addressed when developing an AL approach, i.e., these are the variables that constitute the knowledge-based evidence of what needs to change, or be supported.

Key Intervention Targets

There are five key target interventions to affect change. The first four interventions are discussed from the perspective of Sallis et al.'s (1998), earlier work based on empirical research up to that point (see Appendix B Table A1 Key Target Interventions to Affect Change). The fifth intervention, discussed separately is related to a critical move in 2006 to force the issue of a collaborative framework.

First, because in 1998 there are few published studies of environmental interventions to affect change, yet a mound of preliminary research on PA from a multi-sectoral and ecological approach, Sallis et al. (1998) postulate a conceptual framework of the most promising interventions to affect behavioural change. The framework suggests four key target interventions that I expand upon, using Henderson et al.'s (2001) research and Kaczynski and Henderson's (2007) work, both explicated at the beginning of this chapter. The key target interventions described in Appendix B are interconnected with the social ecological model.

Second, and in addition, to these four target interventions is the intervention of collaborative partnerships (see Figure 1 [3] and [7]). Researchers can not emphasize enough the importance of a collaborative approach to making PA related decisions (Ainsworth et al., 2007; Buchner & Gobster, 2007; Godbey et al., 2005; Henderson et al., 2001; Kaczynski & Henderson, 2007; Kruger et al., 2007; Librett et al., 2007; Sallis & Linton, 2005; Spangler & Caldwell, 2007; Taylor, Floyd, Whitt-Glover, & Brooks, 2007). The synergy tension of a shared vision to address PA, as a critical quality of life issue by health and leisure researchers, resulted in an organized conference by the Cooper Institute for health and leisure researchers in 2006 (Librett et al., 2007). As an indication of the wide spread interest of the importance of collaboration, this conference is sponsored by such groups as the National Recreation and Park Association, YMCA, Forest Service, Department of Agriculture of the US, California Recreation Society, and the College of Natural Resources North Carolina State University, to name a few.

Summary

Starting with an overview of the AL leisure literature limited to MPR, several identified gaps are addressed by this research. As a benchmark protocol, the literature additionally provides the boundaries for what to explore and examine by this study. A profile of the relationship of the social interconnected dynamic complexity of MPR to PA, and AL is also described in length, highlighting the political context that influences and shapes decisions focused on MPR resources. The portrayal of the current reality of MPR presented is a public sector that has become truncated from the public in terms of its meaningful social and health role. Citing “two senior decision makers” (Balmer & Clark, 1997):

Too many recreation practitioners are too narrow in their vision of recreation's potential. They tend to be almost exclusively concerned about accumulating and managing physical plants and conducting highly structured programs ... rather than appreciating their broader role that recreation needs to fulfill in our changing society (p. vii).

Given that changing the current social reality is through decisions, an overview of the decision process is rationalized for this research. Although the intent of the inquiry is to provide an explanation how MPR can improve its capabilities to affect change aimed at PA deficits with an AL approach, systems theory is discussed as a means to more succinctly, identify how MPR can more effectively influence environmental determinants of PA. Sallis et al.'s (2006) social ecological model provides the a priori for this discussion, as well, the conceptual themes and subthemes for this research. The need for an integrated analogous logic model is identified to hone in on MPR's role as an effector agency. Concluding the discussion on the theoretical framework are the key promising target areas for potential intervention to affect change.

CHAPTER THREE: RESEARCH DESIGN AND METHODS

Introduction

If decision-making is the pivotal point for solving problems, then Chapter Three is the pivotal point of this research inquiry. Because it is in this chapter, I describe the decisions I make to solve the problem of this inquiry. The traditional inquiry decisions for developing a research design and methods to address the inquiry are made, and rationalized. Stemming from the first decision that of a case study design, a choice then needs to be made on which theoretical approach to take, which then influences, the case questions, case type, and case boundaries, and so on the research design and methods unfold.

Because a naturalistic inquiry is selected, my biases are placed up front at the beginning of the chapter, and related matters of trustworthiness conclude the chapter. Thus, the particulars of case research design and methods are sandwiched by two of the most critical aspects of validation of a naturalistic inquiry. Other than, what has been referenced earlier; the filling includes a section on data collection methods, data collection procedures, ethics, an overview of the flow of the inquiry, and data analysis. Because it is a naturalistic inquiry, there are detailed examples linking each of these research design and methods to this specific inquiry.

Details are as critical in this type of inquiry, as are the generalities of the design and method selected. Stake (1995) argues that details help orientate the reader. The details may be common place, such as the details explicating the current reality of MPR in the last chapter, but they ground the reader in a familiarity. The reader then can juxtapose the details of the assertions I make in this case study, against what is familiar to

them, and then make their own judgments whether or not I have helped solve the problem.

Researcher's Standpoint

Admittedly, because of my personal interest in bicycling, some degree of bias from this perspective is present in this inquiry. I align myself formerly with organized citizen groups whose aim is to secure bicycling in the public interest as alternative transportation, as a recreational activity, and as a means to improve health outcomes. This viewpoint brings with it a broader knowledge of policy- and decision-making, which I have reflected upon over the years. In addition, I recently became a certified bicycle instructor for the Canadian Cycling Association.

I was introduced to the broader scope of AL through studying bicycling as a sustainable mode of transportation during my undergraduate tenure in leisure and recreation studies. This came about, because new courses such as sustainability were emerging at the undergraduate level, which engaged me in new ways of conceptualizing leisure, beyond the traditional framework of my academic learning to this point. Because I had an interest in furthering my understanding of sustainability, and the interconnected issue of transportation, I selected to conduct my undergraduate thesis on active transportation, in addition to selecting a student placement in a local municipality engaged in the initial stages of the decision and social processes of developing active transportation policy.

Through this introduction to AL and municipal policy, the next logical step for me, I feel, is to address AL in MPR. I found a gap in the literature on the broader management approach to AL as I had come to understand it, which piqued my interest.

Consequently, I plunge myself into this inquiry that challenges me to see what I could learn about and subsequently offer to the meaning and practice of AL in MPR. Since, I am a student in leisure and recreation studies, I further my understanding of this profession with professional memberships in Parks and Recreation Ontario, the Canadian Parks and Recreation Association, and the National Recreation and Parks Association. These memberships help provide an emic perspective, for me, of the complex issues of managing MPR.

Other factors that shape my perspective are my years of service as a public servant at all levels of government, as well as my work with non-profit agencies both as staff and as a board member. My decision-making orientation falls within the discipline of the arts and heritage, specifically museums. As a profession, we have come to define museums as knowledge institutions. Within the context of leisure, this type of institution offers a very specialized form of leisure. Many of these institutions operate at a community level, and many function within the realm of MPR.

This reflection of my multiple interests guided me to seek a citizen appointment on a committee for smart growth for the present term of municipal government. Smart growth values the multiple perspectives important to the quality of life in the development of a community. The issue of quality of life is important to me in all its multiple diverse dimensions. I situate this thinking into my research, and I hope to model this self-awareness in this inquiry. My personal aim is to take this opportunity to delve into decision processes to clarify and improve my understanding of the political implications of knowledge for the public good.

Other reflexive screens that may help the reader understand my assertions are that

I am a woman of the baby-boomer generation, middle class, though being a student is a leaner lifestyle, thus my car sits in the driveway, and I use public transit. I am married and an empty nester. English is my first language. Though I subscribe to sustainability and the importance of bicycling, I ride a motorcycle, and my first job out of college (the first time) required certification as a semi-trailer operator.

Not only can I reflect on transportation as a contemporary activity, I also have had the experience of reflecting upon it from a social historical perspective. For half a decade, I managed a transportation museum full of boats, trains, planes, and automobiles, in addition to motorcycles, bicycles, and snowmobiles. In addition, I was an active member of a special interest group of Canadian Transportation Museums.

As the researcher, I continually address my subjectivity in this inquiry, and I make every attempt at documenting my pre-conceived opinions. I recognize these prejudices, biases, orientations shape this study. Furthermore, I recognize that my biases in research design and methods implicate this research, as the literature I selected to tell the story of MPR, as well as the theoretical framework I selected, and how I understand it. I take ownership of these biases and recognize they all shape the outcome of this research inquiry.

Case Study Design

Qualitative research is a means to examine the complexities of policies and decision-making (Patton, 2002). Because of a broader focus, I deploy two interconnected qualitative ideas of holistic and context sensitive (Patton) to understand the complexities of AL policies and MPR's decision processes. A *holistic* perspective drives the need to understand the complexities of the particulars embedded in the phenomena of AL in

MPR, principally from the perspective of the institution of MPR and its ethical obligation to address PA deficits in the public interest. This understanding requires the need to be conscious of the complexities of the meaning of PA in everyday life, and its relationship to the contemporary solution – AL – and its linkages to the problem of PA deficits. To view and understand the complexities of these multiple perspectives, an examination of the phenomena of AL in MPR necessitates juxtaposing the complexities of the phenomena against various *contexts* or backgrounds

A comprehensive inquiry is needed to apply this juxtaposition of the phenomena of AL in MPR against a myriad of contexts to allow the researcher to repeatedly probe, poke, and attack the complexities of more than just the substantive evidence, but the ethereal evidence as well, to leverage the findings and conclusions. A case study is a qualitative tradition of inquiry providing a holistic approach to investigating a phenomena within multiple contexts in its natural setting (Creswell, 1998; Lincoln & Guba, 1985; Stake, 1995; Yin, 2003). As “a functioning thing” (Stake, p. 2) I try to understand the complexities of AL policies and MPR’s decision processes within the holistic context of a case, against multiple other contexts.

Naturalistic Inquiry

This qualitative inquiry best fits with the naturalistic paradigm described by Lincoln and Guba (1985). First, naturalistic inquiry advocates there are multiple realities (Lincoln & Guba). That is, the social ecological model (see Appendix A) applies this logic. The nature of Sallis et al.’s model of reality is that there are a number of realities. For instance, it can be the behavioural setting that is made up of multiple interconnected patterns of realities (characteristics and access – see Appendix), that is the work

environment, school environment, recreation environment, home environment, transport environment. Or- the reality can be constructed as four realities, four domains, which make-up a holistic interconnected reality of the phenomena of AL. Or- it can be the reality of the individuals inflicted with barriers and constraints of every day living preventing them from practicing PA.

Second, the relationship of the inquirer to the researcher, in naturalistic inquiry is not separate, as them and me, it is more interactive (Lincoln & Guba, 1985). I take an interactive role in the research interviewing those that make the decisions, and observing to see if any of the promising interventions listed in Appendix B emerge, or if there is any sign of collaboration of efforts with other sectoral partners. Third, the outcome of naturalistic inquiry research is to describe the case for the reader to generalize from, not to generalize hypothesizes (Lincoln & Guba). This is my intent.

Fourth, the theoretical framework of systems theory, described in Chapter Two, is grounded in naturalistic inquiry, which emphasizes all “entities are in a state of mutual simultaneous shaping so that it is impossible to distinguish cause from effects” (Lincoln & Guba, 1985, p. 38). Last, naturalistic inquiry is value bound (Lincoln & Guba). That is, as the researcher I reinforce the alignment of the problem, paradigm, theory, and context with my values, stated earlier, ultimately influencing this inquiry. I chose this problem, based on those values; the theoretical choice of systems theory influences this inquiry; the conceptual framework of the social ecological model influences this inquiry; and the inherent values of the contexts influence the inquiry.

Naturalistic inquiry brings with it its challenges, as all research does.

Implications of this approach integrated with case study design add to the complexity of

the inquiry. The subsequent sections unfold other choices made.

Theoretical Approach: Making Choices

Two of the most prominent advocates of case study design are Yin (2003) and Stake (1995). Both approach case study design from different perspectives. Following are three ways these research theorists diverge. First, although both posit a case study can be explanatory, Stake argues it has its limitations and refers researchers to Yin for guidance. Yin's guidance is resourceful, and indeed is used for this inquiry (discussed later), but his orientation is strongly centred on cause effect relationships of a phenomenon that distracts the researcher from developing a view of the complexities behind the phenomena. Whereas, Stake's orientation is more centred on what is happening in a case, which requires probing, poking, and attacking the phenomena from all angles, with the aim of understanding the complexities that influence the phenomena.

Second, while all research relies on interpretation, Yin (2003) limits the researcher's role to one of the objective investigator, as controller of the experiment, while Stake (1995) places a stronger emphasis of the researcher as a human instrument (described later). The researcher Stake argues, needs to build on their tacit knowledge in order to be "in touch with developing events and ongoing revelations, partly to redirect observations and pursue emerging issues" (p. 42). For instance, although I am aware that infrastructure is the number one issue for MPR decisions-makers, I interpret the issue as only a peripheral issue to the Donutville Case, until I notice the topic emerging in the Donutville press stating that millions of dollars allocated to infrastructure is eminent. I then red flag the issue as strongly pertinent to the inquiry, scan informant's comments for

corroborating evidence, reread documents I have put aside, and then interpret the event into one of the layered environments of the ecological model.

Third, Yin (2003) argues that a goal of case study research is for generalizing to theoretical propositions, which in a limited way this research does. That is, I make a strong assumption in Chapter One that MPR can affect change, thus I seek out ways in this inquiry that can help MPR practitioners fulfill that proposition. However, Yin argues for explanatory generalizations comparisons of rival propositions are needed. Stake (1995) argues this is not the intent of a single case study, the goal is to “understand the case itself” (p. 8). Generalizability comes from the reader’s understanding, which is my intention.

In some instances, both, these case study theorists agree on the design, such as the importance of multiple data types. Indeed, Yin (2003) and Stake (1995) provide valuable insight into case study design, and I consider both these approaches, making the best fit with the intention of this inquiry, applying the importance of quality, a mutually agreeable aim of both theorists. To help the reader orientate themselves to my case study design choices, each facet of case design I discuss references Stake and Yin accordingly. Both theorists have limitations for addressing this inquiry, thus in some instances I expand upon the design processes referencing other qualitative research theorists, such as Cresswell, Kincheloe and McLaren, Lincoln and Guba, and Patton.

Case Study Questions

For case study questions I draw upon the insight of Yin (2003), as well as Stake (1995) integrating both of their perspectives for the development of the research questions. A how question (explanatory) implies that it is a contemporary issue, over

which I am somewhat powerless. Yin posits the intent of the literature review is a means to hone in on a contemporary issue to further an understanding. For instance, I return to the literature several times to leverage my understanding of MPR.

I move through three evolutions of a literature review on MPR and its relationship to PA: first a chronological review, then a review demarcated into three patterns of change highlighting how MPR's relationship with PA had evolved; and, finally a review demarking two patterns of change, with the latter having two interconnected patterns of change. But the focus of literature the third time is used to see how far MPR had diverged from its original intended purpose to improve lifestyle behaviours, and human development. The review also helps better understand the emic and etic tensions between AL and MPR. This process sharpens my focus on the purpose of the research explicated in Chapter One, yet the aim of seeking more insightful questions through the literature review, for me, had not been my intent; the aim had been to seek a greater understanding of the case (Stake, 1995).

Stake (1995) posits that issues provide the conceptual framework, therefore issue questions are a means to improve upon focusing the attention on the case. Questions evolve to help refocus the attention of the researcher at different stages of the inquiry. There is a constant tension, in this inquiry, between the issue and the questions.

For instance, I go through a number of potential research questions preparing for the proposal defense, resulting with this series of questions: How can public leisure services facilitate AL? What are the policies? What are the implications of AL policies for the provision of public leisure services? What are public leisure policies that could be used to facilitate AL?

These questions, at the time I had argued, are to further an understanding of how policies influence the environment. As I enter into the case, and though the questions imply something may be wrong, they did not help me understand the case, and potentially not the reader. Yet, the focus on the issue of policy and the aligning of policy, helps me at that point in the inquiry to focus on the issue of public policy, what policies there are, and what policies public leisure services may need to align with. But, I found the questions were not sufficiently issue orientated.

Thus, a set of new questions refocuses the conceptual structure of the case. The term *public leisure service* becomes *MPR*, emphasizing the locus of control away from just public control and influence, to exploring the locus of control at the municipal level. The reorientation of the issue from just leisure service to the complexity of understanding MPR implies a sense of uniqueness as not just ordinary, there is not one service, but there are four. Thus, the inquiry changes to more aggressively focus on the related four service (resources) issues as a template of understanding MPR.

This MPR template, for example, is used when I begin to engage myself in the interview process. I make the assumption that the health sector, as represented by the Ontario Heart Health Program interviewees, may not understand MPR, i.e., each may conceptualize MPR in different ways, depending on their past experiences. To avoid any confusion, I encourage interviewees to conceptualize MPR however they please. I shift the burden of direct interpretation to myself to fit into the template of the four resources. A matter of fact, I use this MPR template to make sense of the data first, before using the layers of the social ecological model much later in the research analysis process (see Appendix D Table A2 Ontario Heart Health Program Informant's Data sorted into the

MPR Template, and Appendix E Table A3 MPR Informant's Data Sorted into the MPR Template). I also use the template to see what emerges outside the template (discussed later).

Because, I use the template as my definition of MPR, I become aware not all MPR resources are managed by the MPR sector. There is no consistency in management practices. If boundary lines are drawn, it is mainly between facilities and open spaces; and program delivery and special events. That is, other sectors such as public works control facilities and open spaces; and other staff then specializes in program services and special events. In some instances, partnership agreements emerge for facilities, such as MPR partnering with a YMCA. Partnership agreements also emerged for program delivery and services in a myriad of ways, of which I did not spend much time trying to untangle. Internal to a community, special events emerge as the responsibility of another department, such as economic development and tourism.

The focus of this second set of questions continues following the trajectory of the relationship of policy to the environment, an issue requiring more study. Yet the issue of transformation, I feel, needs more emphasis to leverage the understanding of change. But, I continue to conceptualize the issue of change is MPR's problem. How can MPR facilitate Health Canada's AL agenda? What is the current MPR situation? What should MPR AL policies be? What changes are required to operationalize the AL agenda?

I feel, at this point in the inquiry, accepting AL as just a lifestyle is far too narrow, because MPR emerges as if it is successfully facilitating AL, so why the study? But, as I emerge myself into the data, I find MPR is using AL monologically with other health terminology. For instance, I find in the Donutville leisure/community guides (2007 –

2008), the content alludes to AL. For instance in one guide AL is promoted as “Line Dancing for 50 and Better...Seniors Shinny Hockey...Tai Chi... and Yoga” (Leisure/Community Guide A, Fall 2007/Winter 2008, p. 31). If AL is these things, what is fitness, what is health and well-being? Fitness is “kickboxing... and Taoist Tai Chi” (Leisure/Community Guide A, p.31), and health and well-being is “meditation” (Leisure/Community Guide A, p.31). This is not horrific, however, the chameleon characteristics of AL did not help the intent of the researcher to emphasize the broader meaning of AL, and, thus I begin to use the term Health Canada’s AL agenda in the questions to differentiate between the two meanings.

Later in the research, I shift firmly to AL is a cluster of environments that can impact on an individual’s capabilities to practice AL. It is four interconnected environments external (etic) to the individual – work/school, play, home, transport – where individuals can practice PA. That is, AL is an integrated sectoral approach to targeting PA deficits.

I change the questions a third time to align with more emerging issues. Change continues to be a central issue; however, I feel I need to better understand change. Conceptualizing change is often taken for granted, and though I found MPR to have transformed itself overtime within an open environment; I feel I need to focus more intently on the historical patterns of change. Thus, I redefine the patterns to ones of limited growth and shifting the burden. The latter pattern shifts the inquiry problem to an emerging etic issue of the larger community, inclusive of the elected officials that govern over the interconnected sectors of health, recreation, planning, transportation, and social services, and away from the sole problem of MPR to affect change.

The central question of this case study now becomes: How can MPR improve its capabilities to affect change? What are the dynamic forces aimed at MPR decision-making? What are the leveraging strategies used by MPR decision-makers to affect PA behaviour change? What needs to change to make AL part of MPR's core strategy?

Separating the issues from the case to examine the nuances of each issue becomes analytically challenging. I engage myself in the enquiry focusing on the issues, reflecting upon what I am learning, how problematic are the issues to the case, and whether or not I should examine the issue more deeply in order to understand the case. Then I plan the next step to see what I will discover. The inquiry is the protocol.

Case Type

Yin (2003) posits there are four basic types to manage a case study process (see Appendix C Figure A2 Basic Types of Designs for Case Studies). Because I am studying and interpreting the real-life complexities of a phenomenon within a myriad of contexts in one natural setting a *single case design* becomes the preferred choice. Stake (1995) posits there are two types of cases, thus within the single case design I pursue whether the case should be intrinsic or instrumental. This choice appeared simple; I would select an instrumental exemplary case of MPR as an effector agency. However, when searching for the ideal case where AL policy is the norm, recreation authorities advise me to their knowledge one does not exist. Instead, the case selection is one in which the population is following the global trend of a sedentary lifestyle, and leading the obesity epidemic in Canada at the turn of the millennium.

The case is a living example of all the sectors co-existing within one place. It frames two primary stakeholders co-existing in one place: health, leading the policy

action; and recreation that ought to be in the forefront as an effector agency. It contains, other stakeholders, e.g., the disciplines of social services, planning, and transportation; and elected officials, along with a population suffering from PA deficits. It is a case I can enter into, share in the experience, while examining the three *embedded units* of analysis: MPR, PA/AL, and change. Subsequently, the case type selected that best fits this inquiry is an *embedded single case design* (as shown in Appendix C).

Boundaries

Interconnected with the research questions are the boundaries. If the questions are the protocol then the boundaries channel the focus. Lincoln and Guba (1985) assert boundaries are the “*focus of the study*” (p. 217): focused determined boundaries (contexts). The focus is an emergent focus on the problem (see Chapter One). As the case evolves multiple new contexts unfold. Because, a case study from a naturalistic inquiry perspective has contexts that change, evolve, and unfold, it is difficult to define all the boundaries. Undeniably this inquiry is a case that needs to be taken apart in order to get to know it well, in order to find the gaps, to answer the research questions. I start with my personal context as a human instrument (described earlier in researcher’s standpoint). Then following the guidance of Stake (1995), I present a few examples of contexts explored and examined. Contexts important to the reader. Contexts important to the researcher.

Stake (1995) posits that qualitative case design calls for the inquirer “responsible for interpretations to be in the field, making observations, exercising judgment, analyzing and synthesizing, all the while realizing their own consciousness” (p. 41). Thus, the researcher becomes a part of the contexts. Lincoln and Guba (1985) describe this

phenomena as the human as instrument. Patton (2002) describes the process of human instrument less clinically, a reflexive process.

Within three interconnected contexts, the researcher is triangulated with those studied, and the reader. Thus, in this context of understanding, I draw upon the tacit knowledge from what I know stated in the Researchers Standpoint (described earlier), then I do my best to learn what I can about those being studied (“How do they know what they know? What shapes and has shaped their worldview? How do they perceive me? Why? How do I know? How do I perceive them?” (Patton, 2002, p. 66).

With this knowledge (at least my understanding of it) I subsequently act upon it, along with the propositions cast at the beginning of this inquiry, which I convert into a format to help MPR practitioners conceptualize relevant and appropriate interventions to affect PA behaviour change within an AL approach. Thus; through this conversion of knowledge process, through me as the human instrument to the reader, I ask another series of questions. That is, “how do they make sense of what I give them? What perspectives do they bring to the findings I offer? How do they perceive me? How do I perceive them” (Patton, 2002, p. 66)?

Other boundaries I address are ones important to me the researcher, e.g., the participants, the institution of MPR, decisions made and not made, as well as contexts that I think may be important to the reader, e.g., the external forces over time that shape MPR, and decision actions bound by political control. As well, does the researcher understand MPR? Each of the environmental layers of the social ecological model provides a context to rip apart to get to know and understand the case. Each layer and its interconnected layers provide themes and sub-themes (as shown in Appendix A) of what

to pay attention to. Important to the reader is the ordinariness; important for me the researcher is the uniqueness.

The ecological layers provide the ordinariness of the case, because it represents the boundaries of a community, what goes on in a community. Each layer reflects the dynamics of choices to be made, the tensions between AL choices against the current reality of the current situation. The evidence for me is the uniqueness; although in some instances the reader may see ordinariness in the uniqueness. For instance, the reader may recognize the external forces described in the external layers, as they could potentially share the same political context, as this case.

Additionally, the physical context may provide the uniqueness of the case; nevertheless, it orientates the reader to the differences and similarities to their physical context (Stake, 1995). This context is drawn from the social ecological model. For both the reader and the researcher the temporal context is important (Stake).

I rationalize a time frame of 2004 to 2008 against the PA deficit situation of the case. Because PA deficits are red flagged by the Chief Medical Officer of Ontario in 2004, this date is used to mark the beginning of the case; and the final date of the inquiry, December 2008, marks the ending date. This temporal context predetermines what is described, and what data is collected. The flexibility of the case design strategy allows the researcher to reach outside of this predetermined circle of time, to bring in relevant evidence, such as the Canadian Parks and Recreation Association's Benefits Catalogue document (Balmer & Clark, 1997).

Questions also define contexts (Stake, 1995). Within the context of the questions are multiple issues to be explored. The central question of this inquiry, how can MPR

improve its capabilities to affect change, is a topical information question that calls for a description of the case. In this instance, the layers of the social ecological model provide the a priori boundaries (see Figure 1) what to describe and what not to describe in the first set of findings. This model provides the backdrop for an emerging analogous logic model that orientates the emic and etic boundaries more of interest to the reader.

Embedded within the sub questions asked, are a variety of issue contexts. The first question warrants a search for cause, an explanation: what are the dynamic forces aimed at MPR decision-making. Embedded in this question is the need to understand the context of MPR, and what is not MPR. To understand what is MPR, a literature review in Chapter Two provides a contemporary context of the knowing of MPR. External forces can be a mixing of complicated social processes, among them a political context. The political context in Chapter Two provides the boundaries for the researcher and what to pay attention to.

To facilitate the inquiry I present the issue of decision-making. Decision-making in itself has several contexts of functions, described in Chapter Two. Then more questions probing at each of the function contexts are added, also described in Chapter Two. That is, who participates, with what perspectives, in which arenas, using what base value, in what strategic way, and to generate what outcome? And so on, and so on the contexts continue to unfold.

Finally, the research question, what are the leveraging strategies used by MPR decision-makers to affect PA behaviour change, requires a description that is more of interest to the reader, as does the question, what needs to change to make AL part of MPR's core strategy. Of particular interest is the context of change, which denotes a

past, present, and a future. The historical context of PA is embedded in the literature review of Chapter Two, in addition to a snapshot of the present status of PA behaviour is introduced in Chapter One. The future is speculative.

I concern myself with the key promising interventions to affect change prescribed by empirical research, and outlined in Appendix B, as well as the issue of collaboration described in Chapter Two, as an a priori springboard to see if these interventions are being applied by MPR. And if not these particular interventions are there others?

Without a doubt there are others, a list of ideas is generated by the interviewees, which I evaluate in the analysis. For the ideas that are generated within the a priori categorical list specific to the template of MPR see Appendix D for MPR's intervention ideas, and Appendix E for the Ontario Heart Health Program's intervention ideas. Other ideas emerge outside the template, which are discussed later in this Chapter.

Data Collection Methods

Stake (1995) argues the importance of knowing and understanding the case. To do this, he emphasizes the value of entering and engaging in it. I conclude it is unrealistic to place a strong emphasis on participant observations, as a means of engagement, because the case is far too large; one cross section is approximately 70 kilometers, end to end. Observations would be too time-consuming.

Nevertheless, because I become familiar with the case in ordinary ways, e.g., driving my car to pick up documents, riding my bicycle to an interview site, and so on, observations emerge as a source of evidence. Observation evidence, especially evidence that one has training for to take in, which for me includes active transport, managerial decisions, along with other relevant tacit knowledge that comes from my reflexive

standpoint stated earlier, becomes part of the data collection process. The observations I take in, which start as first impressions, many of them I discard, and others I keep, I later refine in studying an issue, such as, the promising PA intervention of grassy sections between a building and the parking lot (listed in Appendix B).

This limited observation method is triangulated with documentation and interviews. Multiple evidence Yin (2003) argues, allows the researcher to “address a broader range of historical, altitudinal, and behavioural issues” (p. 98). It is, also a means to “corroborate information from other sources” (Yin, p. 87).

The design discussion in the last section provides the rationale (protocol) for what evidence to focus on when, and how to channel the search for additional evidence, all, focusing on understanding the case. Yet, there are challenges in teasing out the issues. Bricolage is a methodological design approach-applying creativeness to tease out the issues, and bricoleur is the human instrument that carries out the process (Kincheloe & McLaren, 2005). Thus:

[The] bricoleur abandons the quest for some naïve concept of realism, focusing instead on the clarification of his or her position in the web of reality and the social locations of other researchers and the ways they shape the production and interpretation of knowledge (Kincheloe & McLaren, p. 316).

Ideology assertions can bind up an inquiry, a situation I found myself in. For instance, MPR asserts “investing in healthy and active Ontarians through recreation and parks and recreation infrastructure” (Parks and Recreation Ontario, 2007, p. 1). This they argue is more than just bricks and mortar, infrastructure is the means to “protecting the Natural Environment, Building healthy, caring, interactive and creative communities, strengthening the economy through increased tourism and job creation, [and] building healthy bodies” (Parks and Recreation Ontario, p. 2). Although, the emphasis in the

document this quote is from, is a leveraging strategy advocated by MPR decision-makers to affect PA behaviour change, the main emphasis, as I interpret it, is on the replacement cost of decaying MPR infrastructure facilities, and open spaces (specifically trails), and the impact that cost imposes on society.

Other inferences are made similar to the MPR interviewees' statements that AL is not just the responsibility of MPR, but of all sectors, i.e., finance, transportation, education, environment, citizenship and immigration, and seniors. This is a larger number of sectors than I articulate in this inquiry protocol, yet MPR has effectively connected the stakeholders' mandates appropriately to an aspect of people's every day PA behaviour, each stakeholder affected.

I spend some time focusing my attention on the ideology that shapes this espoused perspective. I conclude that MPR decision-makers, at the provincial level, have strategically asserted their values, beliefs, meaning, and understanding of AL, a process of reality construction, with the aim of coping with the systemic issue of shifting the burden overtime, which has neglected the grounding principles of MPR (see Chapter Two), but also the infrastructure. In the course of this action, described by Parks and Recreation, MPR decision-makers assert their credibility; their relationship with the open environment; and their contribution to PA behaviour change. Not that I argue their assertions are not true, but this constructed reality is infused with politics and power, which misses another constructed reality of AL, that of active transport. For instance, though MPR decision-makers lay out the criteria for spending on infrastructure, the last sentence of the last criteria states "where possible, the program should connect with

related initiatives (e.g. active transportation)” (Parks and Recreation Ontario, 2007, p. 15).

MPR has asserted its value of power on the boundaries of AL. I red flag this ideological perspective that causes me to shift my approach to collecting, and analyzing the data with an increased focus on decision processes. MPR decision-makers have taken a stand to control the outcome of the political decisions, which surfaces in other evidence sources that I now pay more attention.

I read my electronic communication from my professional associations with a sharpened focus; I reread documents I had put aside as peripherally related to this case; and I resurface my observations of the behavioural setting of MPR, e.g., the bicycle racks, and parking lots. My constructed reality of AL kicks in, supported by the promising PA interventions listed in Appendix B. Because I asked two key questions relating to decision-making and performance evaluation, it gives me an opportunity to emerge myself back in among the voices of the MPR informants to further understand their decision-processes that control the outcomes.

But, I also pay more attention to the voices from the Canadian Parks and Recreation conference I attend in October 2007; voices which I had put aside for a considerable amount of time. Chronologically these voices are before my interviews. MPR practitioners are mobilizing in a nearby room to where the researchers are gathered. A lounge corridor joins the two venues. Here I display my poster on AL in MPR, and chat with some hard-core Canadian researchers about my thoughts and views. But, upon reflection the more intriguing discussions are during the cocktail hour in the shared lounge corridor with the hard-core MPR practitioners. It is not any particular

conversation that I remember, but the synergy in the room; synergy coming from MPR imposing the values and beliefs on what is right; what had to change. It was the social process of the decision process to affect change:

Press Release - Ottawa - October 1 2007: A dedicated sport and recreation infrastructure funding program was the focus of the Parliamentary Forum at the Canadian Parks and Recreation Association's Annual Conference this past week. Senior managers from municipalities across Canada came together in Ottawa to address the \$15 Billion sport and recreation infrastructure deficit that communities, both small and large, are facing to **keep Canadians active** [bold]. Visit www.cpra.ca for the full press release (Canadian Parks and Recreation Association, 2007, p. 1).

Another example of the emerging design of data collection methods takes place early on in the inquiry. For instance, among the first documents I analyze is a sampling of leisure/community guides (2007 – 2008), which I started collecting at the beginning of the inquiry before the Canadian Parks and Recreation 2007 conference, but after the National Recreation and Parks Association Summit on AL. I use the leisure/community guides to reflect on, and get to know the case MPR participants: How do they know what they know? How do they know what MPR resources to promote in the guides? What shapes and has shaped their worldview of these decisions?

I reflect on my answers drawing upon my tacit knowledge as a student of recreation and leisure, and my professional membership affiliations, as an experienced cyclist, and as an experienced manager, as well as my sojourn with the health sector as a committee member, and through other reflexive lens, all, which shapes my approach for the interviews. Then, because, I can not find any evidence that MPR practitioners' understanding of AL measures with the protocol I use, what emerges is a direct open ended approach to the interviews, inviting participants to inform me how they would

intervene to increase PA (for a partial list of the interventions suggested see Appendix D and Appendix E).

Selection of each method used is rationalized and interconnected with previous choices made (the protocol), i.e., the paradigm, case study approach, case study questions, case type, and focused boundaries. Appendix F Table A4 Data Collection Matrix summarizes the major sources of collected data used to explicate the case, i.e., to generalize the case for the reader within the particulars of the conceptual framework of the social ecological model (see Figure 1). Quantifiably documents emerge as the dominant source, which should not undermine the importance of the interviews. Interviews shape and influence the other sources of data used, helping to flush out an issue. Moreover, because MPR informants control (strongly influence) the PA interventions, and the Ontario Heart Health Program informants strongly advocate what interventions are critical, the interviews are a pivotal point of understanding what perspectives are not aligning with the protocol of AL that, I describe in Chapter One. For instance, what does not converge, a deeper understanding is searched for in the documents, and potentially through observation.

Data Collection Procedures

According to Stake (1995) “there is no particular moment when data gathering begins” (p. 49), but the selected paradigm, the case study approach, case study questions, case type, and defined boundaries determine what data to collect. Thus, these elements guide the inquiry, and essentially make up the inquiry protocol. This section addresses what evidence is collected, and how, i.e., sampling procedures, and matters of access and permission, along with other particulars related to a specific data source.

Three Sources of Evidence

Documents

Stake (1995) advocates the absolute essentials to data collection, i.e., the protocol, drives the case and keeps the inquiry focused. He advocates document maximization, as a sampling strategy. This is a preferred strategy for case study design (Creswell, 1998). Creswell argues this strategy allows for multiple perspectives of a case. There are the obvious documents to collect for this study, such as the AL policy related documents, both municipal and provincial.

Many of these obvious documents are an unobtrusive means of collecting data, which Patton (2002) argues is an effective way to gain an emic perspective. All the documents collected are contemporary documents available in the public domain. Many of them prepared for different public purposes. For instance, the leisure/community guides, I randomly pick up at MPR sites, are prepared to promote public leisure services.

The master plans are formal documents prepared by MPR directors, to assist them and elected officials make relevant and appropriate decisions. These types of documents are available on MPR websites, or in the case of the inquiry, two of them are handed to me in the course of two respective interviews. Professional association documents also prepare formal documents, e.g., pamphlets advocating a political position on a policy, brochures promoting conferences, and workshops. Transparency, a protocol being practiced by more public organizations than ever before, allows for easy access to these documents; thus, many of them are available on organization's respective website, and/or are available to pick up in public places, or/and at conferences.

Stake (1995) argues using ordinary techniques provides a means for documents to

come to our attention, such as the daily ritual of reading the newspaper, and listening to the radio. These are a means of maximizing the perspective of the case to the reader. Indeed, I critically read the paper, and listen to the radio, not with the intent of purposively sourcing data. However, as I am drawn into the case, I am sensitized to the case issues, such as the social economic situation, resulting in me clipping a number of related newspaper articles.

Yin (2003) argues all these contemporary forms of documentation are useful, but it is important to be cautious. Cooper (1998) advocates vigilance through a means of understanding the rational for a document's creation or acceptance into the inquiry. The examples, thus far would be described as primary resources, for which the rational for selecting them has been described.

Additional primary resources Yin (2003) qualifies are ones found in a typical small community archives. Professional archivists scrutinize documents for authenticity, before cataloguing them into an archive. These sources are "about past events or social life that were created and used in the past time period" (Neuman, 2006, p. 431). If these sources are randomly collected from the greater public at large, Cooper (1998) would argue they are of lesser quality because they have not been judged by others.

However, based on the researcher's museum experience many of the sources I retrieve are primary sources for future leisure historians to construct the social reality of PA circa 2000. The document evidence I collect provides a snapshot of a social perspective of leisure activities in the case, MPR specific programs and services, planning documents, newspaper clippings, and so forth. (All these primary sources would provide fodder for an exhibit storyline on PA. Add a few carefully selected leisure

themed photographs of constituents actively engaging in recreation, as a backdrop. Add a few artifacts in the forefront, such as a baseball bat, bicycle jersey, a bathing suit, a dance outfit, and so on, carefully mounting them on draped plinths. Le voila! My apologies to my museum colleagues for rendering down the complexities of exhibit design to several simple steps.) The collection of primary sources can be time consuming (Neuman, 2006). I use two efficacious strategies: I collect documents on a preliminary visit either to an MPR site, or during the interview process.

Other informal primary sources are traditional invisible colleges and electronic invisible colleges (Cooper, 1998). The first source is a metaphor for an electronic source whereby the hub chooses and screens what electronic mail should be disseminated. The researcher had access to a traditional invisible college for the Ontario Heart Health Program. From this source, I learn what values and beliefs are important for the health sector to circulate to the partners, e.g., PA studies, PA in schools, and PA special events.

The electronic invisible colleges is a metaphor for programs, such as listservs, whereby the group self regulates the content. I find the first type of invisible college within the sector of health and MPR, advocating at me. The later invisible college appears to serve the bicycling and planning sectors differently. There is a perpetual running discourse into the inquiry of issues, beliefs, and norms faced daily by the sector. Sometimes, the bantering of discourse annoys people, and they ask to be removed. I do not become annoyed, but the discourse has served a purpose, and I select to only be notified of major discourse, thus choosing not to be caught up in the detail complexity of active transport. Also, I receive a number of electronic newsletters, during this inquiry, such as LINNEWS, Canadian Fitness and Lifestyle Research Institute, Parks and

Recreation Ontario, and the National Recreation and Parks Association, each which support my earlier perception of limited discourse, i.e., the newsletters are used for advocacy purposes.

Other primary document sources are those through personal contact a “restricted communications channel” (Cooper, 1998, p. 45). The examples I use are more secondary sources, however they bias and shape the influence of inquiry what is understood and how. Many of these documents are used in this inquiry for different purposes. For instance, one committee member directs me to Yin (2003), and another to Stake (1995). I tease from both of these documents the relevant guidance that fits with this inquiry.

Another reference source a committee member brings to my attention, to heighten my understanding of logical modeling, is McDavid and Hawthorn (2006). Using ancestry, a technique described by Cooper (1998) to reference lists from other sources, I source from McDavid and Hawthorn’s reference list Gareth Morgan’s 1997 edition, for which I find an upgraded edition of 2006. His book helps organize my thoughts of the differences and similarities between logic models and systems theory. Another committee confirms Senge (2006) as a reliable reference for understanding systems theory.

Other secondary sources I use, are ones which “have undergone peer review, so they should be of a higher methodological quality” (Cooper, 1998, p. 52). Becoming familiar with the issues, using peer-reviewed literature, framed the overall boundary of this study (see Chapters One and Two). Professional conference presentations also assist with shaping the quality of the inquiry. Attending related conferences, with peer-reviewed speakers, during the term of this inquiry, help shape the broad understanding of

AL for this study, along with the interconnected issues. Submitting blind abstracts to peer-reviewed conference organizers, and being accepted helps with reinforcing my conceptualization of AL, and its interconnected relationship to MPR.

Documents “constructed by third parties” (Cooper, 1998, p. 58) are documents that already have been evaluated. Each of the primary sources have been organized and synthesized into a study related to a topic. Examples used in this case are local history books, along with a thesis that documents the phenomena of donuts. The advantage of using these sources is the authors had not only sourced the primary sources, but also the running records, such as files or existing statistical documents (Neuman, 2006).

For instance, the researcher of the *Donut: A Canadian History* (Penfold, 2008) a doctoral thesis, completed a very extensive analysis of the relationship of municipal policies to the behavioural setting, which furthered an understanding of the influence of policy on the environment, and the social processes of business operators’ influence on policy decision outcomes. In addition, Penfold also gathered recollections from the memoirs, autobiographies, and interviews applicable to his research exposing external forces that shape and influence a business, such as war, poverty, the depression, and, technology (car), which helped with the understanding of other external forces that shape and influence society, which were not as evident in the leisure literature. Penfold’s dissertation also exposes the side effects of business, such as the anti-social behaviour that had emerged in donut shops requiring the intervention of police and shrewd managers. This information helps with the understanding of the potential explosive side effects of making entrepreneurial decisions focused on the bottom line.

Quantitatively, documents are an overwhelming portion of the evidence.

Documents provide background information for the theoretical presentation of the systems model in the findings (the analogous model referenced in Chapter Two), i.e., explication of MPR subsystems, and the relationship between them are sourced. This exercise of analysis is carried out in the summer of 2007 before the interviews, and is presented to other researchers at conferences, who helped improve the construction of it. Documents help corroborate information (Yin, 2003), e.g., the social-economic issue that emerges in the interviews, is corroborated with newspaper clippings, and facts presented by Donutville's Assistant Medical Officer of Health.

Though many of the documents are embedded in this thesis as references, many of the documents have been buried, which typically can happen in a case study (Yin, 2003). Their usefulness runs out as the research starts to unfold. Files of documents are kept should a need arise to double check a fact, or skepticism over an issue emerges that requires rereading a document. Then again, some documents are not kept or filed, because once reviewed they are deemed irrelevant to the case. Appendix G Table A5 Document Types provides a condensed overview of the documents collected for this study. The types of documents discussed in this section, or listed in the Appendix are not listed in a particular order of importance.

Interviews

After several months of collecting local MPR related documents, and finding no concerted effort by local MPR stakeholders to facilitate PA or AL, I adjust the interview strategy. However, I should preface this remark by saying; MPR's work is invaluable linked to health outcomes, and an improved quality of life in many ways, it is just not evident when it comes to personal health with a focus on PA. For my interview strategy,

instead of one set of interviews with the Ontario Heart Health Program informants that would provide more lists of what MPR should be doing, I rationalize two sets of interviews adding the MPR sector. This revised strategy proves very useful in understanding the tensions between MPR (emic) and AL (etic).

Patton (2002) describes “information rich cases” (p. 230) use a purposeful sampling strategy. The first set of individuals I interview include adult individuals purposively selected from one of 36 Ontario Heart Health Programs of the Ministry of Health Promotion, and a partner of the Board of Health. Representatives from the Program are chosen because they provide a maximum variation sample that has been particularly active in tackling the problem of PA deficits from an AL perspective, in Southern Ontario. The Program is a voluntary government driven organization made up of diverse partners. The only membership requirement is to support the Program initiative to enhance cardiovascular health and improve the community’s population health status. At the beginning of this inquiry, partners represent various constituencies within the geographical boundaries of this case setting (e.g., the Heart and Stroke Foundation, and the District School Board).

Since, I had already developed a rapport with the gatekeeper of the Program, access and permission is not an insurmountable challenge. First, I receive permission to speak to the generalities of the research inquiry at a spring management meeting. Second, to engage the informants a general poster through the gatekeeper is circulated electronically (see Appendix H Figure A3 Ontario Heart Health Program Recruitment Poster). Because I am interested in focus group sessions as potential informants, I circulate a second recruitment poster (see Appendix I Figure A4 Ontario Heart Health

Program Focus Group Recruitment Poster). Preliminary dates are established and meeting rooms are scheduled and booked.

A backup plan is put into action should insufficient numbers be recruited for the focus groups. An electronic letter is sent via the gatekeeper to all the partners' representatives (see Appendix J Figure A5 Ontario Heart Health Program Recruitment Letter. This letter promotes the two additional focus groups that are not filled, as well as an offer to conduct one-on-one interviews. An electronic letter of confirmation is sent to each participant (see Appendix K Table A7 Ontario Heart Health Program Confirmation Letter).

For the Ontario Heart Health Program group one focus group is scheduled with six informants. Unfortunately the one booked adjacent to another meeting did not materialize, because the adjacent meeting was cancelled. Another focus group is reduced to two people, due to cancellations, and other reasons. To ensure sufficient voices representing the Ontario Heart Health Program, I follow-up with five additional one-on-one interviews. Thus, 13 interviews are conducted.

The one main focus group session is held in a conference room, as is the smaller focus group with two people. The one-on-one interviews take place at the informant's office, or at their place of residence. Participation is voluntary. Before each focus group/interview, a package is electronically sent to each participant (see Appendix K). Included in the package is a consent form providing the informant with the details of their voluntary engagement, including the audiotaping of the interview (see Appendix L Table A8 Consent Form).

The profiles of Program informants who agree to participate represent a variety of

constituency groups and AL interests. Adult informants represent non-profit groups, government agencies, and private sector businesses. The sample also provides a mix of sectoral interests, both professional and serious leisure. Six informants work for the municipality, or were council appointed committee members. The overall areas of expertise include municipal growth management, bicycling master planning, public health, walkable community development, social services, and sport management. Three informants hold doctorate degrees in either the applied health sciences or geography. All informants have a personal/and or professional interest in an AL lifestyle.

The second set of interviews is adult MPR informants, who are purposefully selected from an informal group of recreation agencies, connected with the local parks and recreation network. It provides a maximum variation sample of those working in the recreation field. Functioning as an informal voluntary organization, the membership requirement is employment with a recreation agency, an academic recreation perspective, or interest in recreation from the professional perspective of health. At the beginning of this inquiry there are over 30 members representing the YMCA's, the Boys and Girls Clubs, and MPRs. Members also represent the arts and general programming, facility management, and trail development.

To engage the MPR informants I first advance into their world by building trust and rapport with them. I approach another gatekeeper I had come to know while volunteering, who is responsible for the membership contact list, and meeting facilitation. She agrees that I can attend a scheduled meeting as a guest in the early summer of 2007. She introduces me and informs members of my upcoming research project. I open my presentation talking about my pending research, speaking to its significance, and hand out

a copy of the poster presentation I made at the first National Parks and Recreation Association National Health and Livability Summit, Atlanta Georgia in the spring of 2007.

In the fall, I am ready to schedule the interviews. I send an electronic letter of invitation via their gatekeeper (Appendix M Table A9 MPR Letter of Invitation). At a subsequent network meeting, at which I am not present, the members agreed to share their electronic mailing list (2007) with me, and invite me to contact them directly. I take this (unplanned) opportunity to strengthen the emic understanding of MPR, and develop the following criteria: 1) informants must work for a local government agency, 2) collectively the informants must represent a mix of programmers and managers, 3) a variety of types of MPR operations must be represented; and 4) collectively the informants must represent a broad range of community population sizes inclusive of rural and urban settings. This criterion allows for multiple perspectives.

Eleven interviews are set up ahead, using email and/or telephone (see a sample of an electronic email Appendix N Table A10 MPR Personal Letter of Invitation). A confirmation letter is sent similar to the former set of informants (see Appendix K). All the interviews take place at the MPR informant's offices, or in an adjacent conference room, except one, which is held outside of working hours at their home. Participation is voluntary. Before the interview, a consent form describing the details of their voluntary engagement, including the audio taping of the interview is voluntarily signed (see Appendix L).

At the completion of the interview phase of this research project, I had twenty-four informants. The eleven MPR informants are positioned singularly in a one-on-one

interview; whereas the thirteen Ontario Heart Health Program informants are positioned into a mix of formats: one focus group with six informants, one double interview, and five separate interviews. The interviews last approximately 45 to 60 minutes each. The focus group takes approximately one and a half hours, longer than planned, but only after permission to continue is received.

The two sets of interviews take place over a two-week period, from Tuesday, October 9, 2007 to Friday, October 19, 2007. For case studies, Stake (1995) recommends the informants examine rough drafts in which their voices (first order quotes) are embedded. Thus, the appropriate strategy I select is to begin the data analysis immediately into an executive summary for member checking. This process starts during the same period as the interviews. This concurrent approach is appropriate because it gives me the opportunity to totally emerge myself into the raw data, and subsequently transcribe it relevant to the intent a list of solutions focused on PA deficits. Thus, the list of solutions uses the language of the informants, i.e., it is comprised of a mix of first order quotes and direct interpretation. This process is described to the informants (see Appendix O Table A11 Ontario Heart Health Program Executive Summary as an example).

Using the informant's voices I interpret two summary lists of their proposed actions (first order quotes) to facilitate PA (for an example see Appendix O). I categorize the myriad of ideas embedding informant's into the four broad assets of MPR categories (see Appendix D and E). This format is familiar to MPR, and for the Ontario Heart Health Program informants, the layout suggests the intent of the inquiry, how can MPR facilitate PA. Suggestions not fitting into the respective categories are listed first. For

purposes of member checking, an introductory explanation is given to explain the categorization of data (see Appendix O).

Feedback is requested (see Appendix P Table A12 Sample Member Checking Letter). Consideration is given to individual responses, and where it is deemed appropriate by the researcher, adjustments are made to the accuracy. In most cases, the informants respond to a point they felt was not emphasized strongly enough (e.g., health should be in the lead, and the big box store phenomena), or an issue that had not been addressed (e.g., dog parks).

The interview strategy used to enhance the collection of data is to have both stakeholders, MPR and the Ontario Heart Health Program, to address and shape their own judgments about how MPR can intervene to improve health outcomes. I use an adapted version of appreciative theory, an interview dialogue process that allows each group of informants to advocate their position (Patton, 2002). The specific questions I use are a mix of open-ended questions that are the same for both groups (see Appendix Q Table A13 Dialogue Interview Guide).

Because MPR informants as decision-makers control the behavioural environments, it is imperative to understand them as a key informant group, what values they hold, in what context they make decisions, and what strategies they use in their management efforts to measure their performance. Accordingly, the interview for MPR informants is adjusted to accommodate the collection of this data, as shown in Appendix R Table A14 MPR Interview Guide. This fine-tuning of the interview questions provides a rich perspective of the MPR sector, otherwise not available from documents.

Observations

Because observations are ordinary day-to-day ones, no special access permission is sought. Nevertheless, the open-ended observations follow a procedure for sampling articulated by Patton (2002), that I apply as my code of ethics. First, the focus of *observation is broad*, taking in the holistic view of the case setting, mentally documenting snippets of what fits within the framework of the four domains of AL. Second, my observations do not go beyond *participating* in typical transportation practices of the case, i.e., traveling by bus, by train, by car, by bike, and by foot.

Third, I play a *spectator* role, as I pass by, observing people bicycling on sidewalks, playing street hockey, kicking a ball in the schoolyard on a weekend, and shooting hoops in a driveway. Fourth, my *duration of observations* in the field is like a short vignette. For instance, because I have MPR interviews in 9 of the 12 communities within the case, and need to pass through the other three, which I do not have interviewees for, I take the opportunity to make ordinary observations, e.g., I drive my car around the community to experience the vastness of space.

I choose not to make excessive technical jottings in a journal, but as I leave or enter some of the communities, I reflect on some of my observations on my tape recorder, to possibly reference later. For instance in one community, where I had an interview earlier, I stop and watch with the MPR interviewee a women's early week day morning drop-in hockey game. When I leave the arena, I notice the parking lot is now full from when I had arrived. I assume the cars (mostly vans) belong to the women, and are used as a means of transport to get to their hockey game. I also note, because I am a sea kayaker, a number of the vans have sea kayak racks. I aggregate the images of

hockey and kayaking as positive PA behaviours, and driving as sedentary. I also, aggregate images of hauling hockey equipment, and sea kayaks with safety gear to the destination, an arena and body of water respectively. I also aggregate the sedentary behaviour in this particular case with the vast rural expanse of this community that I had just learned about in the interview. People have to drive everywhere the MPR interviewee had told me, because many of them live on farms. Thus, later I puzzle over what some of the health interviewees advocate related to proximity, how do the rules of walkability and bikability apply in rural areas? How do the rules apply to hauling equipment?

Data Storage System

Despite efforts to narrow the data collection, indeed, at times I felt like Alice in Wonderland, drowning in her own tears. Stake (1995) advocates the researcher should have a data storage system. I organize and categorize the evidence using file boxes, for documents, and advanced technology, such as *Endnotes* for document listings, and a digital tape recorder captures and organizes the interviews.

The later piece of technology also provides an opportunity to record personal observations of the communities within which I am traveling. In addition, I keep a working 8.5-inch by 5.5-inch spiral bound journal to capture my thoughts and ideas, as well as technical notes. Because of the scope of understanding the case, I feel it is not realistic to make perpetual jottings, thus I just make them at major junctures in the research, such as trying to understand an issue, e.g., what does PA intervention mean. Though the handwritten journal is helpful, I find that capturing the case in various narratives; at different stages of the research project invaluable. Because, I answer the

questions at different stages of the inquiry, the various narratives provide a connection between different pieces of evidence while building the case. Because these narratives are categorized by date on the computer, they are searchable should the need arise to examine a particular finding, at a particular time in the case.

Code names are given to the MPR interviewees, e.g., MPR Interviewee 5, which corresponds with their geographical location on a map. This helps to orientate me to their comments and perspectives of an issue. Accordingly, the leisure/community guides (2007 – 2008) are cross referenced with MPR informant's geographical location, with similar coding, i.e., MPR Interviewee 1 and 2, for one community, MPR Interviewee 3, for another, and so on. The guides are stored in file boxes, along with the newspaper clippings, and the brochures, pamphlets, and catalogues.

Ethics

According to Christians' (2005), codes of ethics have become the "conventional format for moral principles... for directing an inductive science" (p. 144). Five principles of ethics are applied to this study. 1) Ensuring *accuracy* of data. Stake (1995) argues "phenomena need accurate description" (p. 95), recognizing that descriptions are influenced by a researcher's standpoint. He posits "research is not helped by making it value free. It is better to give the reader a good look at the researcher" (Stake, p. 95) upfront, as I have done in this chapter. Although, my reflexive lens have influenced and shaped this research, I feel I have exercised my consciousness within the boundaries of the inquiry, applying my knowledge under the scrutiny of my thesis advisors.

Additionally, upon completion of the case record derived from the three sources of data, I met with a provincial ministry advisor to review its accuracy. Because of her

years of service engaged in the recreation field, she had a familiarity with the case setting, and the relevant government policies. She identified some gaps in the record, as well provided me with further data to improve upon the accuracy. Information, she was unable to clarify she directed me to other public servants, which I pursued. In the end, I am responsible for the interpretation I have made of this case, and the reader can judge the accuracy through their own reflexive lenses.

This inquiry relies in part on informants' input. In this instance, the 2) strictures of *informed consent* are followed, the intent being that no one should be coerced into participating in any type of research (Christians, 2005). An informed consent form (Appendix L) under the auspices of Brock University's Research Ethic Board (see Appendix S Table A15 Research Ethics Board Approval) is given to each participant interviewed, which they are expected to read and only sign if they agreed with the research procedure. Observations are of importance, but not of interviewees.

Observations are used to better understand the case; to check out my hunches. Only non-obtrusive, non-interactive observations are used of ordinary things, such as signage, asphalt, and technology (e.g., cars and bicycles) in public places, i.e. on roads, streets, sidewalks, and trails.

3) *Deception* is the third of Christian's (2005) principles; there is no reason to mislead the subjects as reasons for their involvement. Except for my immersion with each of the interviewees, the inquiry is covert in nature. I openly discuss with the MPR interviewees where are the great places in their community to play, and ask to draw or show me on a map of the area, as if we are going on a road trip. My rationale is context bound, i.e., PA and AL two units of analysis disclosed in the consent form (see Appendix

L) and preliminary correspondence (see a selection in the Appendices).

4) *Confidentiality* is the protecting of the information provided by the participants. Expectation on the part of the researcher protecting confidentiality is expressed in the consent form (see Appendix L). The data collected for this study is not shared with anyone other than the principal researcher, and the thesis committee. 5) The *anonymity* of the data is ensured by not linking responses to any specific individual, and referencing each individual informant as she, regardless whether they are male or female.

Passages from interviews potentially exposing an interviewee are coded, as are other documents. Expectations of atomizing are expressed in the consent form (see Appendix L). Anonymity of the case is deployed, generalizing the upper-level of the two-tiered government as municipality, and the lower-tier as community, regardless whether it is classified as a municipality, or a town.

Emerging Flow of Inquiry

Developing a case means moving from raw data, through constructing a case record, to report writing (Stake, 1995; Yin, 2003). Because the research question of this inquiry is so broad; the qualitative methods so expansive and “the data collection process for case studies more complex than those used in other research strategies” (Yin, 2003, p. 106), I triangulate two utilitarian standards to guide the research process of this case study as shown in Appendix T Figure A5 The Flow of Inquiry.

Appendix T reflects the discussion of the design and methods in this chapter; a tension between Yin’s approach represented by A, and Stake’s approach represented by B. The process is an iterative process between the two approaches, and between each of steps in the respective approaches, which together depict how the particulars of design

and methods come together as a whole.

Data Analysis

According to Stake (1995) “there is no particular moment when data analysis begins. Analysis is a matter of giving meaning to first impressions as well as to find compilations. Analysis essentially means taking something apart. We take our impressions, our observations apart” (p. 71). Then each is analyzed to understand the particulars of interest to the inquiry, asking how these particulars relate to others until some sense can be made of the case.

Direct Interpretation and Categorical Aggregation

Direct interpretation and categorical aggregation are two interconnected strategic methods applied to reach a level of meaning. Direct interpretation is understanding an instance, and categorical aggregation is understanding an aggregation of instances until the researcher can state the instances of the phenomena. For instance, I only had to read a leisure/community guide once to understand that MPR facilitates PA opportunities, e.g.:

Men’s non-contact hockey is open to men ages 25 and over... . Games are played on Sunday mornings from 9:00 am until 1:00 pm, and on Sunday evenings... . The season begins the end of September and goes through to March. To place your name on a waiting list please contact (Leisure/Community Guide B, 2007, p. 18).

Playing hockey is being physically active. I did not understand, nor was I interested in the detail complexities of the relationship between MPR decision-makers and facilitating a hockey program, or other programs that encourage PA. I do not mean to be disrespectful, because I am sympathetic to the labour and time required to orchestrate programs, having organized programs and special events as a volunteer, and staff person. I also appreciate the complexity of programming, since it is an

undergraduate leisure and recreation studies' course, which I had to pass, in order to obtain my degree.

In this example of direct interpretation of MPR facilitating PA opportunities, I feel I made an important interpretation that did not require further interpretation. However, when I saw bicycle racks, but no bicycle lanes leading to a facility at one MPR site, I leapt to an immediate conclusion about MPR decision-makers choices. Then I remember, seeing no bicycle racks at another MPR location, but a bicycle locked to a post at the front entrance. This is aggregating and "testing my unrealized hypothesis" (Stake, 1995, p. 74). The intent, Stake argues is not to speculate: How consistent is this situation? What are some of the correlates of this decision-making behaviour on PA? How common is this among MPR sites? The disposition is to keep an eye on it.

I use both methods of direct interpretation and categorical aggregation as analytic strategies to reflect upon what am I learning about the phenomena of AL in MPR, how problematic is it to what I am learning to understand this case, and if it is problematic should I examine what is problematic more deeply. Some of my analysis is buried in the process of analysis, thus does not appear in the final report, and in some instances I decide to share explanations with the reader. I am cognizant of these potential biases, and exercise trustworthiness techniques (discussed later in this chapter) aimed at reducing the reader's skepticism of direct interpretation.

There are issues in this case that call for categorical aggregation. Because this case is instrumental, in that it serves to help understand the phenomena of AL in MPR and change, Stake (1995) advocates spending more time on understanding the relationship of the phenomena (units of analysis) with the issues of the research

questions, which are linked to the problem. Following Table 1 Categorical Interpretation Analysis gives the reader an idea of my thinking processes. The statement in Table 1 is a direct interpretation taken from my draft case analysis, dated June 2008. At that time, I had begun to develop two projected hypotheses:

- The conceptualization of AL is the health's sectors issue
- MPR is ready to affect change.

Table 1

Categorical Interpretation Analysis

-
1. The first thing to wisdom is to get the right meaning for something, otherwise the
 2. two sectors of **MPR** [bolded] and health compete in the bigger picture (open system).
 3. There are buried nuances in the meanings of **PA** [bolded]
 4. and **AL** [bolded]. **MPR** [bolded] authorities' understanding of the concepts of **PA**
 5. [bolded] and **AL** [bolded] as defined in Chapter One would be characterized as
 6. weak making it difficult for them to make obvious policy- and decisions to
 7. facilitate the **AL** [bolded] agenda.
 8. Notwithstanding, that **MPR** [bolded] authorities are conscious of the social issue of
 9. obesity their understanding of **PA** [bolded] and **AL** [bolded] is as two separate terms, that
 10. is **PA** [bolded] is narrowly understood as play, and organized sport, and **AL** [bolded]
 11. is a lifestyle, or a benefit. Sometimes the terms are used interchangeable. It
 12. never clearly is it defined in a way that gives **leverage** to providing the focused
 13. leadership to **affect change**.
 14. Within the field of **PA** [bolded] the overall goal has always been focused on solving the
 15. problem of a sedentary lifestyle. As the research has evolved, so has the terminology
 16. resulting in a litany of terms – exercise, vigorous exercise, fitness, moderate intensity,
 17. cardiovascular fitness, and resistance activities **AL** [bolded] being the most recent term to
 18. emerge.
 19. A compilation of these terms organized by recreation researchers, then positions the field
 20. of recreation with the **PA** [bolded] terms, which makes it difficult for **MPR** [bolded] to **lead**
 21. **with clear precise decision-making.**
-

The first one is from an etic perspective outside of MPR, the other an emic perspective. I then review the transcript of my direct interpretation (see Table 1), searching for pertinent sentences, and fragments that would best support these

hypotheses, coding them as above, i.e., grey highlighting the first hypothesis, and underlining the second hypothesis.

For the first hypothesis, I put it aside, but not far away should more relevant evidence emerge. For the second one, I decide to focus more attention on it. I search the passage, in Table 1, for clues for what I should focus on: the results are leverage affect change lead with clear precise decision-making.

Therefore, through categorical aggregation I refocus my thinking pertinent to the inquiry: MPR may already be an effector agency, i.e., it provides PA opportunities, but it could do something more than what it is presently doing to change and improve health outcomes. I begin to sharpen my focus on the third set of questions: How can MPR improve its capabilities to affect change? What are the dynamic forces aimed at MPR decision-making? What are the leveraging strategies used by MPR decision-makers to affect PA behaviour change? What needs to change to make AL part of MPR's core strategy? This set of questions continues to emphasize an emic and etic perspective to the issue, as two compatible coexisting sub-systems within an open environment.

Several of Creswell's (1998) traditions are used as analytical tools at one point or another during this analytical process, to leverage understanding potential hypotheses. For example, a phenomenological approach of envisioning the ideal state is used. A poem is written to envisage the social process aimed at creating a healthy livable community (see the preface). The social process is embedded in the stanzas leveraging multiple AL truths and realities to affecting change. Deploying a technique from grounded theory, i.e., a systematic comparison of two or more phenomena (Strauss & Corbin, 1990), I explore MPR as a business, comparing it to the *far-out* business of selling donuts. A side effect, is naming this inquiry the Donutville Case.

Correspondence and Patterns

The search for “meaning often is a search for patterns, for consistency within certain conditions, which we call ‘correspondence’ ” (Stake, 1995, p. 78). Pattern searching is as much a method applied to the last analysis, as it is for this one. Yin (2003) describes logic modeling as a means of pattern matching; however, his method of logic modeling based on the ethos of cause and effect, is contrary to the naturalistic inquiry approach of relationships. The nuances between the two, for novices, can bind an inquiry/thinking, thus, I take a moment to briefly describe each, and how I apply it to this research.

Yin’s (2003) description of the process is from a deterministic perspective, i.e., a cause → effect (A causes B). I draw upon my technical notes from my journal, while reading Lincoln and Guba (1985) during the 2007 Christmas school break, to describe the naturalistic inquiry approach:

A does not cause B. A and B just need to be aligned mutual behaviour. A and B evolve and change together each affecting the other. When A and B change together each affecting the other in such a way to make distinction between cause and effect meaningless (p. 104-105).

I use logic modeling as an analytical tool for pattern matching, but from a qualitative paradigm, a systems thinking approach described in Chapter Two. Although, I use → (arrows) and » (chevrons), alignment of mutual behaviour is implied. Thus, logic modeling is used to explore the relationship of different subsystems within subsystems. This is the process I use to create an analogous model referenced in Chapter Two, with the emerging model that is presented in Chapter Five: Unfolding the Logic.

Relying heavily on the literature, and taking the precepts and principles of systems theory described earlier, I wrestle with the subsystems of AL and MPR. Does

AL influence MPR (AL >> MPR), or does MPR influence AL (MPR >> AL). I conclude that both are true.

AL does influence MPR. I base this assertion on an analysis of the patterns of change of Donutville's behavioural setting from the turn of the last century up to the modern era, sourcing two references, one written by a historical geographer Ph.D. (1995), the other Penfold (2008). The premise of this analysis is based on the widespread acceptance of the car by citizens (external factor), i.e., decisions to accommodate it have "a profound affect on the overall landscape of cities" (Johnson & Forrester, 2007, p. 109). Using the AL variable of walking, my thinking went as follows: if MPR is part of the physical and social landscape, and the community was once organized around the walkability of places to play, eat, work and sleep, and motorized transport became the dominant means of transport, and the walkability of places was slowly eroded out of our lifestyle, and society became more dependent on motorized transport to get to places to play, eat, work and sleep; and because motorized transportation is associated with a sedentary lifestyle; then in some way this emerging paradigm of a sedentary lifestyle has immersed itself slowly into the psyche of MPR decision-makers. Although, AL does not shape MPR, a sedentary lifestyle certainly has; at least what I observe, e.g. assumptions that everyone has a car to get to the arena located on the outskirts of town: AL >> MPR.

Does MPR influence and shape AL? Historically, during the pattern of unlimited growth (see Chapter Two) MPR influenced AL, moreover it continues to influence AL, but in limiting ways. For instance, MPR may apply the understanding of AL equivalent to sport, a PA which needs a facility, but then MPR limits the opportunities for increased opportunities for PA/AL by locating the facility in one community, as a shared resource

with another community. But, because the proximity of the facility is stretched out, beyond the limits of walkability and bikability, the quick solution leads back to the PA problem, i.e., more sedentary behaviour sustained by the need to drive because of the increased distance. Thus, the immediate financial burden to the taxpayer to reduce costs by sharing expenses has been shifted from property tax paying for MPR infrastructure, to a delayed heightened health care cost paid for at the provincial level; yet the expense is still shouldered on the taxpayer.

Another example of another subsystem relationship I scope is the relationship of the delivery system of MPR, as one set of subsystems, with the constituent as its own subsystem. Based on the leisure literature, as well as McDavid and Hawthorn (2006) I pull together the MPR subsystem as Inputs >> Activities >> Outputs >> Outcomes. I then consider the meaning of outcome, is it within the delivery system, or outside of it. If it were inside the system, MPR would have direct control over the health outcomes of constituents. However, outcomes are implicated by other subsystems, such as transport, work, school, and so forth. Thus, I assert that the constituent is outside of MPR.

Once I had explored the various relationships, I use logic modeling as an analytical instrument for integrating the voices of the interviewees. That is, I sort the list of suggestions each of the informants make, and make matches with the various subsystems of the created logic model. Two patterns emerge. There are two main external contexts that shape and influence the MPR delivery system of Inputs >> Activities >> Outputs. At the inputs end is the political context, which strongly influences what the MPR system, will look like. At the outputs end is the outcomes context, which the individual is embedded in, which also strongly influences what the

MPR system will look like. The MPR voices are more aligned with the political context and inputs. The Ontario Heart Health Program voices are more aligned with the outcomes and outputs. I keep an eye on these two perspectives.

As, in the other analytical method, when I do not understand the interconnected relationship, I rely on Creswell's (1998) traditions as tools, to leverage my understanding of the case. For example, conceptualizing a *portrait* of the life of an individual (using the smiling face moniker ☺) helps me illuminate the particular challenges of an individual meeting the required amount of PA. The outcome of this particular exercise reinforces the notion that MPR is not solely, or can be held responsible for individuals within an open environment.

Naturalistic Generalizations

Naturalistic generalization is interpreting an understanding of the case (Stake, 2005). Interpreting the Donutville Case, I try to make the case understandable from the perspective of AL and MPR. The social ecological model establishes the a priori knowledge of AL within which MPR is embedded. Each of the a priori categories provides a diverse situation of AL.

Aligning MPR within each of the social contexts results in an emergence themes. For example, focusing on the boundaries of tension between the leveraging strategies of MPR to affect change (emic), and the external forces (etic) aimed at MPR to affect change emerge five themes I describe here. Some of the interpretations of themes are specific to a layer of the ecological model, others emerge as categorical interpretations.

1) A paradigm shift is starting to emerge in the minds of MPR decision-makers that are causing them to focus on AL. But their convoluted and fragmented

understanding of the a priori truths of AL (see AL Domains in Chapter Four) distracts them from leveraging an efficacious strategy connecting PA deficits to reducing health outcomes of lifestyle diseases. However, external forces are imposing on them, such as the 2005 Provincial Policy Act the provincial elected officials have approved under the Ontario Planning Act, which is aimed squarely at improving MPR decision-making, as well as the other sectors, and local elected officials.

Yet, potentially a contradictory theme emerges outside the a priori of AL, but interconnected and fixed within the a priori of PA as fitness, and exercise. MPR understands PA deficits is an issue, and envision MPR is a means to resolving this health problem. Moreover, in some instances they perceive themselves as the ideal state to eradicating PA deficits.

2) Collaborative partnerships with citizens are tenuous, i.e., an understanding of the a priori truths of the health and social issues is unsubstantiated (see Chapter Four), thereby preventing MPR from leveraging an efficacious strategy to effect change. Partnerships with the health sector are emerging, but not quickly enough. However, health is not exerting their powers to include MPR to develop efficacious strategies. Health is strengthening its relationship with transportation, with a focus on active transport. MPR's relationship to AL transport is characterized as very weak.

Two foci define the strongest relationship that emerges in this study: a) MPR's allegiance to its professional associations, as their collective voice to affect change; and b) MPR's allegiance to the beliefs and assumptions of elected officials to affect change. This latter relationship becomes very complicated, because sometimes there are not relationships to be had, i.e., MPR staff is non-existent, or are buried and muffled by other

staff, such as public works, city treasurers, or MPR staff (volunteers) are embedded in an arm length organization spokesperson. Thus, the dynamic forces of beliefs and assumptions of MPR to affect change are shaped and influenced by other sectors. On the other hand MPR staff that report directly to community elected officials can impose their beliefs and assumptions on elected officials.

3) A third emerging theme is there is no clear set of leveraging strategies by MPR to affect change. That is, there are no AL/PA objectives, AL/PA prescriptions, AL/PA practices, AL/PA applications, or an apparent effort to terminate policy- and decision-making contradicting the precepts of AL/PA. Yet, collectively the external forces of the professional associations are developing leveraging strategies targeted at the local brick and mortar of MPR infrastructure, i.e., the facilities and open spaces required to provide PA opportunities. But, there is no efficacious strategy to optimize PA benefit opportunities within an AL approach targeted at the specific PA needs of the citizens at the community level, i.e., the integrated social-economic issue with the health issue of PA deficits, an issue that elected officials are grappling with.

4) No clear means of communicating (i.e., social marketing) is used to target PA deficits. With the external forces of health monopolizing PA messaging, such as the resurrected Participaction, MPR does not envision its role as a means to communicate specific health related benefits of PA. MPR emerges as an effector agency that provides the end state of increased PA opportunity, not an effector agency that is a means to the ideal state of AL, an approach requiring the collaborative managing effort of others.

5) There is no comprehensive outcomes-orientated monitoring and evaluation process in place by MPR focused on PA/AL outcomes. Yet, the local public health unit,

and Statistics Canada have mounds of surveillance systems.

These emerging themes correlate with the five criteria advocated by Driver and Bruns (1999) that need to be met in order to successfully apply benefits based management. Some of these emerging themes emerge again in the final chapters. The themes do not correlate with the five criteria of the 2001 vision of MPR outlined in *The Benefits Catalogue* (Balmer & Clark, 1997). Overall, I found Driver and Bruns' criteria provides more succinct reference points based on the principles of systems theory, whereas the Canadian criteria is more illusive, and more difficult to benchmark.

Within benefits outcomes management, i.e., objectives >> inputs >> activities >> outputs >> outcomes, MPR emerges as stuck primarily at the interface of objectives and inputs. Moreover, MPR decision-makers emerge as not completing the steps to more successfully affect PA behavioural change. Because, MPR is making some difference, but because they have not clearly rationalized an efficacious strategy to a (goal), they are limiting their influence as an effector agency. Recursive decision-making is needed.

A rationalized efficacious strategy is described in Chapter Five using logic modeling. For details of the understanding of the situation within each of the ecological model layers see Chapter Four. The ecological model is a critical first step for sorting the interpretations of the case within the contexts important to AL decision-making. These conclusions stem from the particularization of the case, which is important to the reader for their interpretation, thus I attempt to provide a sufficient balance of familiar accounts, within each of the ecological contexts so "they can gauge the accuracy, completeness, and bias of reports of other matters" (Stake, 1995, p. 87).

Natural generalization, moves beyond just reporting the data, to explicating the

design and methods used (Stake, 1995), which this chapter provides. Applying techniques of trustworthiness (discussed next), I feel I have made explicit the methods used in this case study such as drawing in the informant's reactions to this case, through my accounts of member checking. Moreover, as Stake suggests analysis is validated with a statement of the researcher's standpoint at the beginning of the research. Finally, I attempt to weave into this inquiry, that there is not just one constructed reality (truth), but also others.

Trustworthiness

Trustworthiness (research validity) is an issue, similar to ethics, which has been considered since the proposal stage of this research, as well as throughout the inquiry. It is a means of verification translated into qualitative practice. Creswell (1998) describes several verification procedures. Because I do not want to repeat what is stated elsewhere, here I describe the techniques deployed to improve the trustworthiness of this study.

Prolonged engagement. I invested a considerable amount of time learning and understanding the phenomena of AL in MPR, its nuances, its ordinariness, and its uniqueness to this case. Time is needed to truly move from witnessing the AL practices of MPR, to understanding the contexts behind the principles, to finally grasping the thinking that needs to be adjusted to affect change. I became a *persistent observer*, because MPR is already in many circles considered an effector agency, specifically for those who play hockey in their arenas, swim in their pools, and walk on their trails, yet this is not sufficient for an agency that ought to be in the forefront facilitating change. I search for salient facts to improve MPR's capabilities to be an effector agency.

Triangulation is an expected requirement of case design (Creswell, 1998; Lincoln

& Guba, 1985; Patton, 2002; Stake, 1995; Yin, 2003). I use multiple sources of evidence to converge on a fact, e.g., the leisure/community guides, interviews, and observation all converge on the fact that MPR supports PA, i.e., active recreation; but AL researchers state it is not enough. Thus, I search for clues, for other patterns of biases to AL. I also use maximizing documentation techniques to increase the perspective of patterns, such as corroborating the social-economic status of the case.

Peer debriefing is intertwined with the inquiry. I deploy an expert audit review with my thesis committee to ask the hard questions of all aspects of the research, the literature I reference, the methods I use, the findings I present, and the conclusions I make. Each time they push me to take sensible next steps. As well, at various stages of my research, I submit my assertions to a panel of outside experts, the National Parks and Recreation Association National Health and Livability Summit, Atlanta Georgia, and the AL Research Conference, Washington D.C. are two of the ones referred to in this chapter. When the abstracts are accepted, it is a letter of permission to entre into a circle of experts to discuss the progress of my research, and challenge my assumptions.

I consciously work at *negative case analysis* to refine my questioning until all the particulars of the case fit. For instance, the rereading of Sallis et al. (1998) helps me purge the assumptions that MPR is facilitating AL, and refocuses my attention away from the sport fields, and the arenas to the outliers of AL, i.e. the green spaces between facilities and parking lots, the bicycling racks, and connecting pathways, the promising key interventions (Appendix B). These are not exceptions; these are AL factors.

I *clarify my biases* up front at the beginning of this chapter. Additionally, I have made a conscious effort of sharing my pre-conceived opinions in the writing of this case.

I also deploy *member checking*, by soliciting comments and feedback on the content of the interviews, described earlier, to make sure I am representing informant's expressed views on the points we discuss. Additionally, throughout this chapter, I share my analytic thoughts, and the choices I make for the reader to critique.

Issues of transferability are addressed in this research, by consciously keeping the reader in focus. It is the reader who determines the possibility of transferability by gauging the congruency taken from the *rich, thick description* and judges it against his or her own current situation. I capitalize on the conceptual framework of the social ecological model to present the case in conjunction with an emerging analogous logic model, both which are influenced by systems thinking. Interpretation of the issue of decision-making is connected within these two separate presentations of the case.

Summary

The details of the case study design and method are described at length in this chapter, because details are critical in this type of inquiry. I hope I have provided sufficient detail to orientate the reader. The details may be commonplace for those learned in naturalistic inquiry, but the intent is to also ground the outside reader into a process, a process not familiar to them.

As the generalities of this case unfold, explicating the decision processes made, so does the raw data. Each sample of raw data exposes another perspective, another situation, and another angle of the case. The reader can juxtapose the details of the assertions I make, against the process, and then make their own judgments whether or not I have helped solved the problem of the inquiry. Or in its best attempt described one case.

CHAPTER FOUR: MAPPING THE FINDINGS

Introduction

PA deficits are a major focus of the health sector in Donutville, but not for MPR. Attention focuses more on the challenges of operating and managing MPR resources, discouraged in part perhaps because of the shift of meaning of MPR nation wide over the years (discussed in Chapter Two). To MPR decision-makers, the shared vision of AL is a mental model removed from the every day reality of their world.

Does staff view AL as another symptomatic solution tactic by government eroding MPR's goals? Or do they ponder if AL may be a potential fundamental solution to the deteriorating state of their sector? Up until the government announced the AL strategy, MPR had manifested itself within a system of challenges and opportunities posed by government. Is the AL strategy another challenge or opportunity? Or is AL a paradigm, with the intent of shifting the way we are supposed to think about the complex realities of our communities?

With a central focus on MPR resources, what are the dynamic contemporary forces aimed at MPR decision-making? What are the leveraging strategies used by MPR decision-makers to affect PA behaviour? What needs to change to make AL part of MPR's core strategy?

The findings presented here give insight into these questions. I bring forward the findings as my interpretations into a series of layered contexts defined by Sallis et al.'s (2006) social ecological model (see Appendix A), a model I brought in from the outside to help bring a rationalized empirical ecological AL framework to the study. Because the purpose of this research is to provide an explanation of how MPR can improve its role to

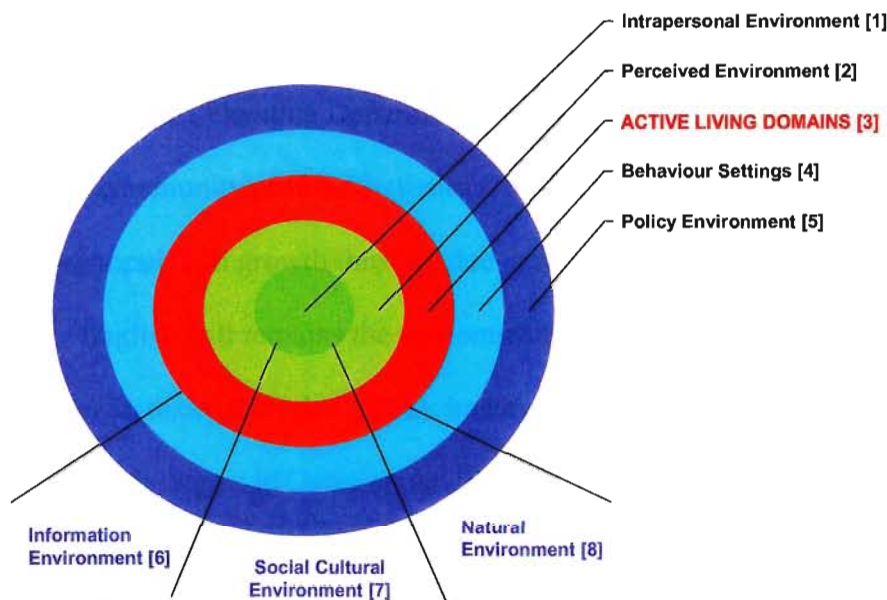
affect change aimed at PA deficits within an AL approach, it is meaningless to map out just the social processes connected to MPR resources. Therefore, the findings also address aspects of the decision-processes within the ecological framework; as well, I provide a more poignant evaluation of the decision-functions at the end of the chapter. Collectively these findings are layered into an emergent analogous model discussed in the next chapter.

The Case Study Site of Donutville

The multiple environmental contexts of the social ecological model characterized by Figure 2 communicate the complexity of the one municipality of Donutville. To explicate the factors pertinent to an ecological approach to AL in MPR, the environmental layers of Figure 2 are organized into three AL themes. 1) The first prominent theme is the multidisciplinary *AL approach*. 2) From this perspective, attention is directed towards the *external AL environmental factors* important to affecting change. 3) Then attention is directed to the *internal AL environmental factors* important to affecting change.

Using Figure 2 helps keep track of the findings within an ecological approach to AL. To orientate the discussion, each environment is referenced with its corresponding number shown in a square bracket, e.g., Figure 2 [1] is the intrapersonal environment. Interconnected within each of these layered are decision functions. First, to understanding the conditions and situation of Donutville, findings from the latter two themes of Figure 2 shape the case profile beginning with the internal factors. Then, the findings in this section are presented in order of the three AL themes beginning with multidisciplinary AL approach.

Figure 2. Context of Active Living in Municipal Parks and Recreation.



Adapted from Sallis et al. (2006)

Case Profile

Donutville, the case site (circa 2005 – 2008) located in southwestern Ontario, is ripped apart into the multiple contexts of the social ecological model (see Figure 2). Sorted findings of the critical issues implicated with the PA deficit epidemic are showcased first into two of the categorical AL themes. Beginning, first, with relevant internal environmental AL factors, then the external environmental AL factors are drawn in, focusing on the social climate of Donutville.

Internal AL Environmental Factors

Beginning with the demographical factors of the intrapersonal environment of the social ecological model (see Figure 2 [1]), Donutville, a two-tier government municipality, is home to 427,000 people (Municipal Planning Department, 2008). In

excess of 100,000 live in one larger community, contrasted with one community that has a population under 10,000. Categorically, the other communities range in size from 20,000 to 50,000 plus. Population growth is estimated to increase to 545,000 people, by the year 2031 (Municipal Planning Department).

The 2006 community profile (Statistics Canada, 2007b) states a below average Canadian rate of population growth thus far, due to fewer immigrants moving to this area (Norris, 2007). English still remains the predominant language spoken, as per the 2001 Canadian census (Statistics Canada, 2007a); however, there is a French speaking population, the fourth largest in Ontario. As reported by the Canadian census, the population is predominantly White (95%) with less than 1% who is Black. Over half of the population is self-declared Protestant and Catholic, 0.8% Muslims, and approximately 15% who are non-Christians.

Next, continuing with the intrapersonal context (see Figure 2 [1]) are the factors of biological health population, which are often medicalized as a very serious disease. For instance, the health issue of PA deficits is commonly framed as an obesity epidemic. The state of obesity in the Donutville case, is one that can be described as “losing battle of the bulge: obesity rates even higher than provincial average... overall 54 percent of ... residents are overweight” (community newspaper, Friday, October 12, 2007).

Drawing upon epidemiological data prepared by Donutville’s Assistant Medical Officer of Health for a presentation to the Ontario Heart Health Program partners in 2008, the health of Donutville citizens unfolds. Forty-nine percent of the population prefers a sedentary lifestyle. This preferred lifestyle is a “problem for both sexes” (Assistant Medical Officer of Health, personal communication), and a problem that

increases with age. Most of the children in this case “do not meet national guidelines” (Assistant Medical Officer of Health, personal communication). Moreover, the “problem increases as youth age females are less active than males” (Assistant Medical Officer of Health, personal communication).

The importance and far reaching morbidity resulting from a sedentary lifestyle represents an undesirable health outcome. The health risks are at a “higher rate of IHD [Ischemic Heart Disease] and Diabetes” (personal communication, 2008) than other municipalities in Ontario. Moreover, these health risks contribute to a “significantly higher death rate than the province” (personal communication). Other causes of death, such as cardiovascular diseases, other heart diseases, lung cancer, colon cancer, and chronic lung diseases for the combined years of 2000 – 2004 are not significantly higher than other Ontario communities, but are on the threshold benchmark for concern. The Assistant Medical Officer of Health also refers to the proportion of children ages 5-19 achieving the accepted level of daily PA, indicated by walking steps. Only 12 % of children in this case setting are achieving the accepted number of steps of 16,500, 19% are achieving 15,000 steps, and 30% 12,000 steps.

Next, in respect to the family situation the Assistant Medical Officer of Health (personal communication, 2008) argues there will be a higher proportion of seniors due to aging, following a North American population trend. By 2031, 17% to 27% of the population, in Donutville, will be seniors. A trend coupled with a slow decline in child population because of a lower fertility rate (Assistant Medical Officer of Health, personal communication). Accordingly, MPR decision-makers are cognizant of this trend, and the uniqueness of the situation at the local level. For instance in one community, “The age

distribution of the City's population was generally similar to that of Ontario, although ...[it] comprises an older population than the Province as a whole" (Master Plan C, 2007, p. 2).

Last, the psychological factors that are collected by leisure managers, and the planning and transportation sector. Of interest to these sectors is the parallel understanding of these factors in a behavioural setting. For instance, in Donutville the planning sector collects data, such as 82% of working residents drive to work; 10% walk, 3% cycle; and 2% take public transit" (Resident Survey, 2007, p. 17); and "73% consider transit important; however ...residents consider roadways for cycling and sidewalks to be more important than public transit" (p. 19).

MPR collects similar behaviour data. Although specific to one community walking (86%), and cycling (43%), are among the top five activities in which people participate (Master Plan D, 2008). MPR's are also interested in psychological processes of freedom from obligated time. For instance, from the "households surveyed, 49% indicated that they are unable to participate in leisure activities as often as they would like, which is a slightly higher proportion than normally observed in other municipalities" (Master Plan D, p. A-3). This evidence correlates with the 49% of aforementioned who are suffering from PA deficits.

Additionally, the primary barrier to:

[P]articipation in leisure was a lack of personal time, with over one-third of the households (34%) stating this to be the reason for their limited ability to participate. Trends suggest that a "lack of time" is the most common response in most other communities as well (Master Plan D, 2008, p. A-3).

As well:

Health problems stemming from disability and age was the second most frequent response (8%), while only 3% felt there was a lack of desired facilities/programs (Master Plan D, p. A-3).

External AL Environmental Factors

First, within the social cultural environment of the social ecological model (see Figure 2 [7]) attention is drawn to Donutville's social climate (see Figure 2 [4]). The Assistant Medical Officer of Health (personal communication, 2008) articulates the seriousness of the outcome of the social economic down turn in Donutville. Beginning in 2007 14% of residents are below the low-income cut-off. A trend substantiated by Health Interviewee 1. A Resident Survey (2007) carried out by the municipal planning department broadens the concern: "one third of ... residents do not currently work, especially those over the age of 56; those with high school or less education; and those with a household income less than \$50,000" (p. 17).

A senior social services municipal government employee and Ontario Heart Health Program informant states Donutville has "one of the lowest average household incomes in Ontario," (Health Interviewee 1) because of the changing business environment. A "move away from a manufacturing based economy has resulted in the economic instability" (friendly protestors advise me in the front lobby of a town hall where I have an appointment with MPR Interviewee 1). The flyer handed me – *know poverty* – lists over 2000 jobs recently lost in Donutville resulting in "20% of children ... liv[ing] in poverty" (2007), a statistic quoted from the Canadian Council on Social Development. Closures continue to happen, even with the new type of businesses expected to fill the gap. For instance, when I make an appointment with a government

agency official to clarify some of my facts in August 2008, I ask if the call centre is still located in her office building, she advises me it closed this past spring, leaving 400 people without work.

Whilst analyzing the evidence in September of 2008, I hear on the radio of another major closure, 800 workers to be laid off in the next year, which is also reported in a community newspaper (Friday, September 5, 2008). Preparing for the thesis defense, I read that the “welfare cases soar... . stunning” (community newspaper, Friday, December 12, 2008, p. 18) the social services department. The Chief Medical Officer of Health expresses a concern, in this same newspaper article, that “public health programs could also be affected, since it’s a documented fact that people living in poverty are prone to more health problems for a variety of reasons, including lifestyle and diet” (p. 18). The provincial government reacts within days investing close to \$14 million in social service costs to “help alleviate the social service delivery burden on ... [Donutville’s] property taxpayers” (community newspaper, December 19, 2008, p. 16). Although program services facilitated by social services is discussed, there is no reference to the role recreation services may play; yet, reported later in this chapter MPR decision-makers are implicated in the social impact of the social economic climate of Donutville.

Next, within the external AL environment is the recreation environment (see Figure 2 [4]). Donutville has an unlimited smorgasbord of PA opportunities, substantiated by my observations of the four MPR resources. Although not transparent, the listing of leisure resources in the leisure/community guides (2007 – 2008) supports the role MPR plays as an effector agency facilitating PA outcomes. The description provided here, though a sweeping generalization, gives a sense of the ambiance of the

recreational setting, and its interconnection with the natural environment (see Figure 2 [8]). This statement is drawn from a municipal economic tourism brochure (2007), I pick up at a community town hall:

A golfer's paradise, recreational trails,..., water almost everywhere, mild climate – not just for farmers, festivals flourish, history lives here, charming towns and villages, shopping where the price is right, theatre plays here, and art makes life more civilized... . Recreation and Leisure, indoors and outdoors... . garden societies... .hikers, sporting clubs to music pubs. Delightful museums, art and theatre... . multicultural centres, [and] heritage and historical societies (p.1).

Although, there is an obvious plethora of MPR resources, the management of these resources is extremely fragmented, ultimately diversifying the decision-making of MPR resources to non-professionally trained leisure staff inclusive of paid workers and volunteers. If the management of the MPR resources were to be placed on a continuum, at one end would be the fully managed MPR resources, and at the other end would be the “we don't do MPR resources.” The latter comment was one I had received from two of the members of the local parks and recreation network whom I had contacted as prospective interviewees. After a little probing I found that the potential informants did manage facilities, specifically arenas, which were in every community. They were also implicated to some degree with trail maintenance, because of the extensive kilometres of interconnecting trails across the municipality. The confusion regarding their engagement in MPR was in respect to the resources of programs and services, and special events. In both situations these resources were purposively outsourced as a formal partnership, or were being managed by an intervening Ontario governing body (e.g., Conservation Authority). Though I had hoped to have an interviewee from one or both of these MPR informants representing these communities, the opportunity did not arise.

I found half of the communities manage all four MPR resources in one department; whereas the other half fragment the management of its resources, e.g., facilities and open spaces are managed by public works; whereas, programs and services, and special events is managed by a MPR department, or outsourced as described earlier. MPR decision-makers, in some cases have a voice at community council, or/and with a community committee, and some voices are placed deep into a system of hierarchal control.

Active Living in Municipal Parks and Recreation

As explicated in the last section, for purposes of this research, the environmental contexts of the social ecological model (see Figure 2) are organized into three AL thematic contexts. The first prominent context, introduced in this section, is the multidisciplinary AL approach, from which two categorical AL themes emanate. Next, is the external environmental context, which researchers say provide the most promising interventions to affect PA change. I use this context to present the findings strongly associated with sectoral stakeholders within the political units. Third, is the internal environmental context, which I use to present the findings strongly influencing and shaping the relationship of MPR's resources with its constituents. A fourth, is an emerging theme of the MPR planning process, within which are relevant AL factors.

Interconnected within each these four AL contextual themes are the decision-functions deployed by MPR authorities. It is impossible to definitively state the decision functions applicable to each environment; therefore, a separate section provides these specific findings. Using Figure 2, to keep track of this discussion, I begin with the first of AL environmental context of the multidisciplinary AL approach. To orientate the reader

to a specific environment, its corresponding number is shown in a square bracket, e.g., Figure 2 [3] is the first AL environment discussed.

An Active Living Approach

The tension between the current state of MPR and the desired ideal state of AL starts here (see Figure 2 [3]). MPR decision-makers limit their role for effective ecological intervention within the system because of their lack of clear understanding of an AL approach. Assessing decision-makers knowledge of AL is challenging at its best. I deploy a reflective exercise that consumes me for several months, but in the end adds clarity to the greater potential of MPR decision-makers to affect change.

Lincoln and Guba (1985) posit that “all entities are in a state of mutual simultaneous shaping so that it is impossible to distinguish causes from effects” (p. 38). This is a similar notion to systems theory, and systems thinking a foundational management principle of a learning organization (see Chapter Two). The axiom of nature reality advocates: “there are multiple constructed realities that can be studied only holistically; inquiry into these multiple realities will inevitably diverge” (Lincoln & Guba, p. 37), a basic premise of systems theory (see Chapter Two).

Deploying the authors’ four realities of objective, constructed, and created, and perceived, against what I learn about MPR decisions from reading mounds of documents especially the leisure/community guides (2007 – 2008), is best described by Lincoln and Guba (1985):

[T]here is a reality, but one cannot know it fully. It cannot be appreciated only from particular vantage points, which some prefer to call *perceptions*. A perception (a la the blind men and the elephant) is a partial, incomplete view of something that is nevertheless real, and capable of different interpretation only because each perception yields experience of only a limited number of *parts* of the whole (the tail, the trunk, the leg, and so on) (p. 83).

Collectively, I find that MPR decision-makers are grounded in the pursuit of the ideal state of the quality of life for their constituents, but their approach is limiting to affect change. Because to understand the problem of AL, is to understand the whole problem, implicating all AL Domains, which subsequently leads to insights to solve MPR's part of the problem. However, MPR only sees part of the problem that of recreation, not the whole problem of PA deficits, within a community context.

This partial insight of the problem is again implicated by the AL messaging promoted in *The Benefits Catalogue* (Balmer & Clark, 1997) to inform practice. For instance, the statement "Recreation, fitness, sports, and **active living** [bolded] *combats diabetes...*" (Balmer & Clark, p. xiii) is a well-meaning statement based on relevant research, but it can cause confusion. Arguable, taken from this messaging, MPR decision-makers see the whole elephant, but they have divided the elephants as Senge (2006) suggests, into four little elephants. From a system's thinking perspective you now "have a mess" (Senge, p. 67). A mess is a "complicated problem where there is no leverage because the leverage lies in interactions that cannot be seen by looking only at the piece you are holding" (Senge, p. 67). This approach distracts decision-makers from understanding how AL or health outcomes should be integrated into and with the recreation delivery system.

Insights into this *mess* surface in MPR planning documents specifically developed to help MPR decision-makers make effective decisions focused on PA deficits. For example, in the first and second example below, the meaning of AL becomes very convoluted. It is explicitly not sport. In the second example PA is separate from healthy lifestyles. Is PA the old recreation, and healthy lifestyles the new recreation? In the

second and third example AL is not recreation, but parallel in importance.

Example 1 from the information collection base phase of planning:

The majority of households participated in ‘**active living**’ [bolded] opportunities, such as walking, swimming, and fitness. Organized **sports** [bolded] such as hockey/figure skating, soccer, volleyball” (Master Plan D, 2008, p. A-3).

Example 2 from the program component of planning:

Action Plan #1: Augment the Current Focus on Organized Sports and **Recreation** [bolded] by Expanding Programming in Three Key Areas – **Active Living** [bolded], Arts and Culture, Community-building Special Events.

Summary Program and Activity – Products of the Plan

- A significant expanded supply of programs in arts and culture, **physical activity** [bolded] and **healthy lifestyles** [bolded] and community-building special events (Master Plan C, 2007, iv).

Example 3 from the performance measurement phase of planning:

Values and Governing Principles...

Research indicates that the results of this investment [in MPR] will improve personal health and well-being for our citizens – **recreation** [bolded] and **active living** [bolded] results in lower costs for health care, improved quality of life and increased life expectancy (Master Plan B, 2006, p. 4).

This elaborate interpretation of AL appears to fit with the streaming of the Active 2010 Ontario’s Sport and Physical Activity Strategy, which separates sport from PA, and the Active 2010 Trail Strategy, which focuses on the new recreation.

Partnerships

To affect change with an AL approach, a multidisciplinary team building approach is critical. Partnering (see Figure 2 [7] within [3]) emerges in the findings as a favoured strategy for MPR decision-makers to move the AL agenda forward. One MPR informant argues, “everyone has to work together” (MPR Interviewee 1). Another MPR informant who spent her entire career in MPR, and is now close to retirement emphasizes collaborative effort: “Support Public Health with their initiatives. It should be a symbiotic relationship between MPR and Health. MPR can disseminate the information;

however, without their lead I don't know how MPR can do it, without the staff: they have staff" (MPR Interviewee 6).

One MPR informant identifies partnership strategies implicating the internal network of elected officials, as suggested by this statement:

Identify initiatives that fit with the mandate of council: initiatives that can leverage opportunities to bring life and vitality back to the community. With a major focus on decaying infrastructure, a program, such as Canada Blooms mobilized one community to focus on the neighbourhood volunteer clean-ups (MPR Interviewee 7).

Conversely, there are relationship issues between some MPR informants and their elected officials, in a political context, laments one informant: "Position[ing] qualified MPR program and service staff into public works can muffle an important voice to increasing levels of PA" (MPR Interviewee 10). Decisions are not only interconnected with the political context of elected officials, they are triangulated with other organized groups in the community, as suggested by MPR Interviewee 7:

Work with service clubs, as well as organizations, which have access to grants that municipalities do not have. The municipality usually provides the land, then MPR staff can turn to service groups to raise the funds to build special parks and trails, such as skateboard parks. In several instances funds were also raised to increase the subsidy cost of the program or service.

This informant goes on to explain there is a shift in partnership priorities:

Be persistent, when good ideas come forward that may not materialize on the first try (which sometimes can take several years). For example, in one community the idea of building of a skateboard park for the youth is at present being resurrected with new enthusiasm. The environments within which projects are proposed are constantly shifting (MPR Interviewee 7).

MPR informants also emphasize the need to pull together the networks of groups and organization "into respective councils to facilitate coordination and promotion of

activities collectively” (MPR Interviewee 7). The following statement sums up the true potential of MPR partnerships related to PA deficits:

Provide a major role in respect to the obesity issue. The MPR philosophy is working with people for their leisure activities, from preschoolers right to senior citizens... . It’s not just the sporting event or their leisure activity that they are involved with,... it’s the fact they are active...and involved in physical activity. [MPR] can’t [facilitate active living] by ourselves, we need to work with the boards of education, the universities, the colleges, and the other stakeholders, such as the Ys, the Boys and Girls Clubs, and all the organizations that provide the events (MPR Interviewee 7).

From a health perspective, though partnerships are not strongly advocated by the Ontario Heart Health Program informants, it is the essence of the Ministry of Health Promotion’s Ontario Heart Health Program. Since its inception MPR has been targeted as potential partners, yet few have responded. Another assertion I make, which warrants deeper investigation, is that MPR and Health despite their formal linkages to the Ontario Ministry of Health Promotion are not formally partnering at the local level.

External AL Environmental Factors

Behavioural Setting

There are three major findings pertinent to the access and characteristics of the behavioural setting (see Figure 2 [4]). The first environmental AL factor addressed within this context is the poor AL decision-making on behalf of MPR authorities in respect to walkability. Ontario Heart Health Program informants, not the MPR authorities, stress the importance of walking be understood within the terms of community design. Walkability decision-making by MPR is characterized as very weak. Walking may sound quaint. But because the recreation environment is intertwined within a system of other environments, i.e., schools, neighbourhoods, recreation, work, and home, where the distance between them has spread from a walking distance apart, to

increasingly further and further driving distances apart, necessitating the use of the car deserves improved MPR decision-making to affect change.

I observe MPR is an institution mimicking the business decision-making practices of the big box stores in size and location, decision-making interconnected with the information environment (see Figure 2 [6]). That is, developing recreation facilities into mega multiplex centres clustered with the commercial big box stores, set further and further apart from where people live. The application of these decisions by MPR authorities to not consider the walkability of its facilities links to the perceived environmental factors of the internal environment.

For instance, one Ontario Heart Health Program (Health) Interviewee 6, expresses her concern about the lack of foresight of her community council when building a YMCA that was once easily accessed by a trail from her house. To then purposively displace the trail into a new housing development is unconscionable. She tells me, to access the YMCA she and her young family are now forced to travel on a busy highway. For her, this is a safety issue because her family prefers to travel by bicycle. I also observe that the promising intervention of separating buildings from parking lots by green space (see Appendix B), is non-existent at most of the MPR sites, where I conduct interviews with informants. In most instances, the asphalt is poured up to the building to provide accessible motor vehicle parking spaces for staff and visitor.

The second environmental AL factor finding within the behavioural context (see Figure 2 [4]) is the misappropriation of MPR resources. Based on the 2007 Resident Survey conducted by the municipal planning department, “the majority [average of all communities 60%] say there are the right number of parks, open spaces and recreation facilities, senior facilities, community centres and libraries and shopping facilities, and that they are satisfied with them” (Resident Survey, p. 4). However, proportionally, the smallest community with a population under 10,000, a community without a formal MPR department clearly felt there is a need for more facilities (parks, open spaces and recreation facilities). In this case there is no MPR department advocating for new

facilities. Whereas the largest community with a population over 100,000 with a formal MPR department had the highest in satisfaction of the number of facilities (Resident Survey); however in this instance an MPR department is advocating for new facilities. Of major significance across the municipality many “believe there are not enough youth facilities” (Resident Survey, p. 7). However, because MPR resources are organized at the community level, there is no official coordinating body to affect this change.

The third environmental AL factor pertinent to the behaviour setting (see Figure 2 [4]) is the need for improved communication within the interconnecting information environment (see Figure 2 [6]). For instance, Health Interviewee 7 suggests, “collectively compile the leisure/services guide information into one major resource.”

Another informant suggests:

The trail maps in the leisure/community services guides are indispensable, but the maps don't provide a context within the community. That is, what do the trails link to and do the trails link to other trails in the next community (Health Interviewee 6).

Based on my own observation after reading and reading the leisure/community guides (2007 – 2008), MPR decision-makers may provide PA opportunities; however, they do not deliberately make the connection to PA, as a path to the short-term outcome of health.

Policy Environment

A number of promising policy strategies at the provincial level have emerged to begin to redirect the choice of decisions towards healthier outcomes. Two of the most profound strategies interconnect with the policy environment (see Figure 2 [5]). The first one is a series of health policy directives, which fits within the information environment (see Figure 2 [6]). The second policy is the 2005 Provincial Policy Act, which fits within the natural environment (see Figure 2 [7]). The timing of these two emergent policies

follows Dr. Sheela Basurur Ontario's Chief Medical Officer of Health's report on the status of Ontarian's health (Chief Medical Officer of Health, 2004).

Information Environment

Within the context of the information environment (see Figure 2 [6]) the relevant AL policies are discussed. The Ministry of Health Promotion is formed shortly after the Chief Medical Officer's report, bringing together the recreation and health sectors, each which has separately been working on AL policy (Anonymous 1, personal communication, 2008), efforts which were then integrated into the respective Active 2010 strategies. The overall performance indicator to measure the success of three Active 2010 policies is to increase Ontarian's level of PA to 55% by 2010.

The Active 2010 Ontario's Sport and Physical Activity Strategy takes a two-pronged approach. The first approach focuses on increasing an emphasis on one specific type of PA: sport, from a professional, as well as a community perspective. It is based on the precept of cause and effect linkages, if more people are engaged in sport, and sport is a PA, then there will be an increase in the desired outcome of people engaged in PA. This policy relates strongly with the many ideas provided by the informants that were interviewed; an overview of which I share in the next themed environment. The second approach focuses on the need for improved social ecological intervention at different levels of a complex interconnected system of environments to improve health outcomes.

The Active 2010 Ontario Trails Strategy values the interconnected sustainability framework of economic, social, and environmental, similar to strategic reference points advocated in The Benefit Catalogue (2007). The last policy document, the Active 2010 Ontario's Action Plan for Healthy Eating and Active Living values a holistic approach

with four integrated strategies interconnected with the quality of settings where people learn, work, and play; it also stresses partnerships with multiple disciplines. The four strategies target two specific groups, youth and children, and Aboriginals, as well as community design, public policy, and heightening individual awareness. Elements of this policy resonate very strongly with the Ontario Heart Health Program informants' strategies, particularly community design.

All the Active 2010 policies are flexible enough to allow for creative partnerships. Funding is provided to initiate projects that bring together stakeholders in a variety of defined communities, whether trailblazers, gay rights groups, or a municipality. One attempt to mobilize the integration of the health and recreation sectors is made in Donutville, but the groups separate when the funding dissipates (Anonymous 1, personal communication, 2008).

One weak link emerges between the provincial and municipal political units, there is no coherent advisory service from the Ministry of Health Promotion available to assist organizations, groups, and municipalities apply an integrated AL strategy for Donutville. It is a fragmented system of implementation. For the Ontario's Sport and Physical Activity Strategy, a regional advisor has an office within the case setting. She helps facilitate the AL related policy process with MPRs and sports group. She is not engaged in the select discussions focused on trails, nor with the health sector. Nor does she see herself as the front person for the integrated social related issues. Yet, she represents a myriad of other ministry initiatives at the municipal level (Anonymous 1, personal communication, 2008).

For the Ontario Trails Strategy, a policy advisor helps facilitate the process from

her office at the Ministry in Toronto. Based on a very small sampling of data from the Ontario Trails Association, regarding its network of contacts with this case setting resulted in the contacts being more prevalent with the larger municipality, than with the individual MPRs. To implement Ontario's Action Plan for Healthy Eating and Active Living additional staff are funded for the local public health department, in addition to the renewal of the Ontario Heart Health Program, which helps fund two full-time staff in this case setting. These staffs do not work with either the local Ministry advisor, or the trail policy advisor in Toronto (Anonymous 1, personal communication, 2008).

Because of the severity of PA deficits, in this case setting, on April 18, 2005 Dr. Sheela Basurur spoke publicly to an invited target audience. This event marks the inaugural municipal meeting of a group of stakeholders brought together to address the issue of obesity. Accordingly, to improve the health outcomes, a municipal *obesity* strategy is formerly approved June 2006, which has similar strategies as the provincial policies.

There are common themes between both the provincial Active 2010 policies, and the obesity strategy: walkability and community design; consideration of lifespan; the built and social environments; and, structured and unstructured PA, as well as indoor and outdoor activities. Additionally, linkages to other disciplines across ministries/departments are recognized up front as critical. Divergences between the two policies are the local municipal policy did not provide funding, nor did it recognize the relevancy of natural or cultural assets to PA.

The recreation environment is a valued asset of both the municipal and provincial policies. Moreover, each of the strategies prescribes the four MPR assets to be used to

advance the outcome of increased levels of PA. For instance, the Ontario Trails Strategy focuses on the asset of open spaces in the form of trails, which in itself becomes the facility for walking and bicycling. Trails are worth celebrating in the form of special events it recommends, and trails offer unique program opportunities, such as historical walking tours.

Because MPR authorities manage the assets, how engaged they are in the consultative process is unclear, especially with the Active 2010 policies. Yet, Parks and Recreation Ontario (2007) have been advocating for a need to harmonize the prescription of the AL policies as suggested by this statement:

Connecting the Dots on Infrastructure, Health Promotion, and Obesity
 “Houston We Have a Problem...”

Perhaps combating obesity in Ontario is more than just messaging and understanding. Despite the plethora of compelling information about healthy eating and physical activity, Ontarians are still not incorporating sufficient levels of physical activity to achieve optimum health benefits. Could it be that a lack of suitable and accessible facilities is preventing them from becoming more physical activity (p. 5)?

Evidence is clearer at the local level how engaged MPR is in the process of developing the obesity strategy: not very! The only direct involvement from recreation is the executive director of the YMCAs of Donutville (three separate facilities), until the local Ontario Heart Health Program became engaged in the process. Taken from the register of incumbents listed in the back of the obesity strategy policy documents 68 additional participants are engaged in the process; however, only one MPR representative is involved. At this stage, there is also one additional representative from the YMCA, as well as the local Ministry of Health Promotion advisor (Anonymous 1, personal communication, 2008). Thus, within the total open process of 118 participants engaged in the discussions, only one formal MPR representative is involved in the social process

of decision-making.

Natural Environment

The next set of policies is framed within the natural environment (see Figure 2 [8]). Up to this point in time, there has not been a clear direction from the province what decisions are valued over others, resulting in a behaviour setting (see Figure 2 [4]) discouraging PA. The natural environment policies effectually target some of the particulars not in the Ministry of Health Promotion's policy strategies (e.g., land use controls, such as zoning codes, development regulations, transport investment regulations, traffic demand management, and parking regulations within the environmental context of Figure 1 [5]).

The 2005 Provincial Policy Act approved by the provincial elected officials under the Ontario Planning Act is an effort to revert the control back to a healthier livable community. Policy initiatives from nine ministries, including the Ministry of Health Promotion's Action 2010 policies, provide specific direction to make sure the respective important themes are included in the amendments to the Official Plans at the municipal and community level (Anonymous 2, personal communication, 2008). Thus, each municipality and community is at present engaged in the process of creating a vision to 2031 of a healthy livable community, which will inform ongoing decisions by elected officials, and their respective staff (Anonymous 2, personal communication). The final approval of the respective Plans is left to the province (Anonymous 2).

As part of the process, at the municipal level, a Resident Survey is carried out in 2007, which gauges the attitude of the population within each of the twelve municipalities, as a starting place to measure against the 2005 Provincial Policy Act

(Anonymous 2, personal communication, 2008). Alternative strategies have been, and continue to be, openly debated with 2009 set as the target date for the Plan to be submitted to the province (Anonymous 2, personal communication). Of interest to this study has been the 2007 Resident Survey document. Each of the separate communities of this case setting are also engaged in a process of amending their Official Plans (Anonymous 2, personal communication). The intention is that the municipality will complete its plan first, as a potential framework for the community Official Plans (Anonymous 2, personal communication). However, because of the uniqueness of each community, they do not have to comply specifically with the municipal standards, but the municipality will endorse the Plan before it is submitted to the Ministry of Housing and Municipal Affairs for final acceptance (Anonymous 2, personal communication).

Specific performance standards to appraise the best option for a plan are being developed: For example, from the draft Donutville evaluation table: “1) Potential to offer opportunities to improve access to recreational facilities, public spaces, trails, parks, and sport facilities” (2008); and “Potential to support pedestrian-oriented community design” (p. 7). The long-term intent is to develop performance standards to guide future decisions (Anonymous 2, personal communication, 2008).

An Official Plan helps inform decisions about infrastructure, which can be a prohibitive cost. New and upgraded infrastructure is a number one issue confronted by local elected officials. The state of infrastructure is not addressed by the Resident Study (2007) though expressed need is. Ontario Heart Health Program informants did not address an understanding of the issue of infrastructure, unless they had an intrinsic

knowledge based on their background in bicycling, or academically in recreation, as suggested by this statement:

It is recognized that Parks and Recreation Ontario is lobbying for funding to improve the state of recreation infrastructure. However, it needs to be reiterated that some constituents are concerned with the quality and the age of the infrastructure. I'm aghast at the quality of the facilities here...it's shocking! Several arena facilities do not have acceptable girls change rooms, considering the growth of girl's hockey. The one municipal indoor pool, attached to a school, should be condemned it's so bad (Health Interviewee 5).

Because of the mobilized efforts of MPR working together, as well as collaborating with other non-profit agencies, at the provincial and federal level, the provincial government has responded, with the Investing in Ontario Act 2008. This Act allows any unanticipated year-end financial surplus to support public priority needs, in addition to reducing the provincial government's accumulated deficit. The application of this policy regarding the distribution of expenditures rests on elected officials.

A sum of \$40.7 million is allocated to this case setting (community newspaper, November 14, 2008). Twenty million is given to the municipality. Municipal elected officials' infrastructure wish list targets the extension of a highway. The other share is distributed to the communities based on a per capita basis. This can be considered as a strength and weakness concerning health outcomes. From the perspective of MPR, it is a strength if they have engaged themselves in a planning process that helps facilitate their decision making. Yet, it can also be a weakness if the plans have not clearly addressed PA deficits.

One community that had developed a master plan, but had not synthesized the PA needs expressed by citizens for more walking and bicycling opportunities into an action item; will receive \$6.3 million (community newspaper, November 14, 2008). The

planning process ultimately assisted to prioritize the proposed infrastructure projects in an openly debated process that finalizes with an infrastructure wish list.

The prioritized items are an aquatic centre (swimming is among the top five activities based on the MPR needs assessment), at an estimated infrastructure cost project of \$10 million. A multi-use fitness centre, for an infrastructure cost of \$18 million. In addition, approval is given for several projects under \$2 million including a water play facilities, outdoor soccer fields, multi-use field, and outdoor ice rink. Not part of the MPR list, but an approved infrastructure cost, which is incongruous with the desire for more walking and bicycling opportunities is a car-parking garage for \$19.2 million. The later expenditure, and the expenditure approved at the municipal level interconnects with another sector expenditure, public works, a relationship that does not appear ameliorative, as suggested by this quote from Parks and Recreation Ontario (Anonymous 3, personal electronic communication, September, 2008):

We will continue to advocate for increased, stable funding for our sector until we see that the \$5 billion infrastructure deficit has been erased. We are measuring that by looking at the number of closures of aging facilities, the number of projects in master plans that are funded (as opposed to just on a capital wish list with no confirmed funding partners) and overall government investments in the sector.

This disparity is characterized by the interplay of power between two sectors that make up the highest expenditures at the municipal/community level. In this quote MPR emerges as a player pursuing its own mandate (end state). They are challenging the alignment of sectoral operations in an open environment (application).

Social Cultural Environment

The environmental AL factors pertaining to the advocacy by individuals and organizations (see Figure 2 [7]) within the context of the policy environment (see Figure

2 [5]) did not emerge as harmonistic as a well-practiced choir. There is definitely tension. It may be because it is only the first day of choir practice, when all the talented singers are assembling to learn how to fit their voices together to a new score of music. For MPR, it could be expressed as being in a hurricane, trying to anchor the tradition of the institution of MPR it intrinsically knows and sees so well.

Advocacy for improved health outcomes is expressed by over thirty organizations, I found in the Donutville Case. All assembled within the political context of the social cultural environment; each organization with its own agenda advocating how to affect change. Grouping the individuals and organizations within select political units, results in myriad of AL perspectives.

First, when the groups are clustered to how they see and understand PA from an ecological AL approach. For instance, public health values all the domains, and targets its resources at changing people's behaviour through education, as well as ecological policy intervention. Whereas public works targets its resources at active transport, predominantly the built environment, with a primary focus on motorized transportation, and the movement of goods. MPR targets its resources at the active recreation domain, though not explicitly. Thus, more groups see only a part of the whole, which impairs their ability to facilitate an AL approach.

Next, all groups have an interest in the social or built environment; some have both, such as the Ontario Heart Health Program informants and MPR. Third, all the groups have an interest in the MPR assets. Last, is the tension between parochialism and universalism.

The most salient organization engaging in the process of change is the provincial government. Yet in spite of the power this level of government has over the municipalities its relationship is strained. Moreover, the intertwined relationship of the municipality of Donutville with the communities is complex, as suggested by this statement, drawn from an arousing debate in the focus group:

Why is the regional government not involved in strategically investing in recreation facilities on a regional basis and leaving the responsibility to the municipalities on the lower level, who cannot afford to provide adequate services. It is a huge duplication of effort instead of...combining their resources to plan strategically for recreation, and parks, and facilities.... It is not a recreation issue, it is a health issue, and the health is regional, but why they don't then take this on...[shaking her head in disbelief]. They are so busy worrying about the hospitals [at least where to locate the 'super hospital', the clinics, the vaccinations...and they are not looking at these other broader issues [recreation] that should be part of their mandate...that are preventative (Health Interviewee 5).

Perhaps "we could have a meaningful dialogue about how that sort of arrangement could lead to planning decisions that are less narrow and parochial, and that embrace more of the needs of all residents across our region" (community newspaper, 2007, p.7) a reporter wrote during the same period as my organized focus group. The reporter goes on:

The kind of knee-jerk parochialism that has too many of our municipal leaders wanting to avoid discussion on something so important as to where a new hospital and cancer treatment [let alone an MPR facility – a preventative health solution] would best serve all of [the municipalities'] residents is not going to make the 'A' word go away (community newspaper, p. 7).

The province has structured the identity of Donutville, because the province has jurisdiction over the municipalities inclusive of the communities. A power struggle to hold on to identity has ensued. Amalgamation is not an option because the province has interfered more than once, assumedly destroying the identity of Donutville's multiple little villages, hamlets, and townships.

When amalgamation was enforced by the province the last time in 1969, forming

the present state of this case study, the matters of *urgency*, that is health and social services related decision-making, were layered into municipal responsibilities; and transport and recreation related decision-making were layered into the bottom tier of the community. This dynamic relationship between the provincial elected officials and staff, and the municipality, and the municipality and the communities is not harmonious. Even some of the hamlets and villages within the communities express bitterness, a challenging dynamic when getting the choir to sing.

Internal AL Environmental Factors

The emerging theme in the external environment is one of change, yet the stance is coming primarily from the external forces of the federal, provincial, and municipal government. Everyone is interested in MPR resources, and critiques its decision-making. A definite tension emerges between MPR and the ideal state of AL. As an effector agency, MPR is more concerned with *protecting its turf*, contesting with others what is important.

Contextually the last section focused on the external forces of AL pushing and shaping and influencing MPR decision-making, but attempts are also made by MPR to push back, with some success. The tension between MPR and AL, where the rubber hits the road is discussed next, i.e., the discussion leans towards MPR's understanding of meeting the PA needs of citizens. I call the relationship between MPR and citizens linking strategies. Strategies that must meet the needs of citizens from an individual's perspective thus in order to affect change, and increase PA opportunities the relationship between MPR and citizens needs to be mutual.

Perceived Environment

Within the perceived environment (see Figure 2 [2]), both informant groups provide a plethora of ideas (linking strategies) how to use MPR resources to affect PA behaviour. Contextualized within the six AL factors of this layer of the ecological model few ideas are suggested by MPR; whereas, the Ontario Heart Health Program informants appear concerned about a number of the AL factors, as well as issues related to the key target interventions (see Appendix B). The application of safety in respect to bicycling on streets is one concern, and attractiveness in terms of land use development is another. This latter concern suggests a better-balanced approach to decision-making is needed targeted at the neighbourhood level, because of the “lack of walking friendliness...[of] the ‘big box’ complex phenomenon” (MPR Interviewee 8).

Regarding comfort, one informant felt programs and services should focus on fun rather than just on sport skill development; yet, another felt that intervention should go as far as helping a child to develop new skills, such as horseback riding. The Active 2010 Sport and Physical Activity Policy advocates both these approaches. One Ontario Heart Health Program informant expresses her concern regarding the comfort level of both young and old people. She feels the new multiplex facilities, the parking, and the change rooms, and the mere size of the building intimidate them (Health Interviewee 2). MPR should be addressing the comfort level of recreation facilities interpreted into a form of prescription, such as a smart start program (i.e., introductory program) as a means to introduce people to PA opportunities.

Though MPR informants do not express a need for providing a safe environment as a key target intervention, I observe they are concerned about safety, but with an

emphasis on applying self-regulations to realign their internal system to the inevitability of a fatal incident, which could result in expensive lawsuits. Drawing upon my own managerial experience, one of the primary self-imposing regulations advocated by risk management is posting signs that state a preferred behaviour. In the Donutville Case, I observe an overabundance of signs, the larger the population, the increased number of signs. I had no intention of counting the signs; this is only an example of an instance. Interestingly most of the signs curtail PA behaviour, such as *no golf, no skateboarding, no swimming, and no tobogganing*.

I took another approach to grouping the long list of linking strategies to increase PA, in this perceived environmental context. Taken from the sustainability literature (Harcourt, 2006), I categorize all the informants' linking strategies into the themes of social, economic, environmental, and creative (Harcourt). The pattern of themes is similar to the benefits outcomes of leisure engagement (Balmer & Clark, 1997; Driver & Bruns, 1999). Except I merge personal benefits with social benefits inclusive of health, and creative I separate out of the benefits literature to an expressed fourth category of sustainability (Harcourt). This document is of particular interest in this research, because it sanctions a shared vision for Donutville endorsed by municipal council (2007). Moreover, I observe on several occasions it provides a theme for discourse at the municipal level among the sectors of planning, transportation, and health, as well as the arts and heritage groups. MPRs are not directly involved in this discourse, but community elected officials are, as is the Ministry of Health Promotion, as represented by the sports and recreation advisor, as well as the YMCAs.

I use this discourse of four pillars of sustainability to bring in the missing voices

of MPR decision-makers, seeking the divergences and convergences of strategies between the two informant groups. Within the theme of *social*, the suggested strategies emerge as a long list of ideas. The Ontario Heart Health Informants address the broader challenges of intervening to affect change, such as:

Target the special needs of families, seniors, adults and children below the poverty line (\$17,000 - \$26,000 annual income) so that recreation services are available. A low income kid (20 km away) from the closest swimming pool, can't get to a swimming program... There is a need to find programs that are accessible to kids. However, the issue of low incomes is more complex than making it affordable, there are also social issues to support the child in getting to the programs and having an enjoyable experience (Health Interviewee 1).

A lawyer and a member of one of the non-profit recreation partners argues that the affordability alone of recreation services even with the new federal tax incentive is a serious restraint beyond the means of many families (Health Interviewee 3). The "new federal child's fitness tax is not going to cut it. That's going to help the parents that can afford to sign them up in the first place" (Health Interviewee 3). Another Ontario Heart Health Program informant with a higher education position in the local university, and close to retirement argues: "services have become middle class public clubs, the cost for a swim is exorbitant compared to other public services" (Health Interviewee 4).

MPR informants though they did not address directly the very seriousness of Donutville's social issue facing citizens, hinted at the grim situation, as suggested by this recommendation from an MPR informant in a low-income community: "provide equipment, such as skates, for those unable to purchase their own, so they too have an opportunity to experience a physical activity otherwise not affordable to them" (MPR Interviewee 6). Another MPR informant in a different low-income community, suggests

providing: “a financial subsidy to MPR to leverage the opportunities to provide affordable leisure activities for everyone” (MPR Interviewee 2).

I broach the social issue of this case with a Ministry of Health and Promotion advisor. She informs me that MPR informants are actively addressing the current social situation, but the strategies are linked back to another Ministry focused on social issues (Anonymous 1, personal communication, 2008). The strategies are triangulated with financing incentives through the private sector, and other non-profit agencies, such as the YMCAs. I contact the other Ministry representative, located in another adjoining municipality who informs me the intertwined relationship of MPR and social matters make of Donutville is extremely confusing. Moreover, in my conversation with her, she expresses her unawareness of the local parks and recreation network as a forum she could approach to discuss her department’s programs. The overall current situation of MPR is summed up in this statement: “Imagine if we had resources how much more we could do” (MPR Interviewee 4). Lack of money appears to be the root of many of their suggestions, which correlates with the key target intervention to improve public policies.

The next theme *creativity*, I interpret from the sustainability literature (Harcourt, 2006), as the capacity to generate an idea through imagination, to develop it into a specific intervention, impacting social and health outcomes. For instance, a narrow emphasis on sport disengages the potential of visualizing other activities, within the broader spectrum of recreation activities. With some creativity, the scope of PA opportunities could be broadened to include activities, such as dance, and drama. One MPR informant advocates this approach: “Recognize the potential of active cultural opportunities; both dance and theatre are two excellent examples of physical activities”

(MPR Interviewee 4). This creative thinking links to a suggested strategy by an Ontario Heart Health Program informant who is entangled in municipal social services decision-making, and provincial sport making policy (Health Interviewee 1). Additionally, this latter informant is someone who has practiced sport professionally, and at present is engaged in sport as play. She suggests sports matter, but there are other alternatives to addressing PA deficits through recreation and the arts.

There is an obvious divergent pattern of themes within the next two themes of *economics* and the *environment*. The economic sphere emerges as a strategy stressed predominantly by MPR informants. They are concerned about funding “for new improved facilities with federal and provincial assistance” (MPR Interviewee 6), and the “maintenance expense of capital repairs, don’t build anything without a reserve” (MPR Interviewee 6)!

Within the environmental theme, a theme grounded in the protection of the ecology, there is also a divergence of strategies between the two informant groups. The Ontario Heart Health Program informants suggest over 90 percent of the strategies, which overall are certainly more in line with the key target interventions (see Appendix B), which hold more promise. The ideas could be divided into two themes, those that stress the importance of active transport; and, those that demand an improvement of MPR resources particularly open spaces, program and services, and facilities.

AL in MPR: The Planning Process

MPR planning is an emergent finding capturing the nature of the planning process in this case setting. This emergent finding presents the reader with a depiction of a factor that can influence AL in Donutville. Through an explanation of the planning process the reader will begin to understand the relationship between MPR and affecting change.

For MPR to be a PA effector agency, the agency needs to know what to change to

make AL part of MPR's core strategy. The intrapersonal AL environmental factors (see Figure 2 [1]) articulated at the beginning of this Chapter provides the context of the issue of PA deficits as an epidemic. A number of leveraging strategies have been suggested by the informants, many of which communicate the psychological factors important to PA (see Figure 2 [1] and [2]) and many which correspond with the key target interventions (See Appendix B). But it is only a Health Program informant who stresses the importance of knowledge-based evidence to make decisions, a critical function of the decision-process.

The findings suggest that the knowledge of the seriousness of the current situation of PA deficits linked to health is critically lacking by MPR. How can MPR decision-makers lack the specificity of understanding the PA deficits? Scanning the data for clues, I come across the issue of planning. I then, inquire of the Ministry of Health Promotion advisor, who is intimately familiar with Donutville's MPR, about the general MPR planning process.

She advises me that, every five to ten years, with 50% funding from the province, MPR authorities develop planning documents (Anonymous 1, personal communication, 2008). All the communities are engaged in formal planning processes. However, about the same period the federal and provincial governments refocused their efforts towards AL, they terminated the funding for individual MPR planning (Anonymous 1, personal communication).

There are four emergent subthemes related to the planning process. 1) The attitude towards planning expressed by MPR informants. 2) The limited information collected to affect change. 3) The strategic leadership required to affect change. 4) The

appraisal of management efforts to affect change.

First, MPR informants have mixed feelings regarding formal planning. For instance, one MPR informant told me in the interview she could not rationalize engaging in another plan her town council could not afford to implement (MPR Interviewee 5). The last plan was 1984. Thus, past plans in some cases may lack realistic prescriptions. Yet, another MPR informant has a planning document from 1992, which she references constantly to make the better decision (MPR Interviewee 6). Although there are divergent attitudes, I assert that both these MPR directors do not have the appropriate knowledge-based evidence to make meaningful decisions as an effector agency.

Another MPR informant is in the process of developing a planning document, together with senior staff and the community council. She had this to share with me:

Develop corporate plans at the level of municipal council in partnership with staff, recognizing physical activity as a key value of council's mandate. This type of leadership sets the tone for staff to place an emphasis on developing and implementing a repertoire of physical activity initiatives that will achieve council's mandate to serve the community (MPR Interviewee 7).

MPR Interviewee 7, I assert is reasonably informed about PA deficits, as she is also an Ontario Heart Health Program partner.

MPR Interviewee 11 talks to her planning document (Master Plan A, 2006) in our interview, and provides me with a complimentary copy. She expresses the importance of the document to her work, and how her performance evaluation interconnects to the document's recommendations. MPR Interviewee 1 also hands me her plan during the interview, inviting me to peruse it (Master Plan B, 2006). As a new director, she highlights the importance of it for familiarizing herself with the department's priorities and strategies. Another MPR director, who was not interviewed, but is included in the

discussion next (Master Plan C, 2007) updates aspects of her plan regularly to clarify decision strategies, as a prescription supported by elected officials. Moreover, she applies the strategies rigorously (Anonymous 1, personal communication, 2008). MPR Interviewee 4 expresses her frustration with the planning process.

Of all the communities, I confirm four had completed a comprehensive planning process within the last five years (Anonymous 1, personal communication, 2008). Two communities of which have a population of 75,000, or more; the other two have a population of 50,000, and 30,000 respectively. At a cost of approximately \$100,000 to the taxpayer, each of the communities hires a consultant to engage in the planning process (Anonymous 1, personal communication).

Second, is the limited information collected to affect change. In developing the related knowledge based evidence for the planning process, the health and social factors provided are not relevant to the circumstances and conditions of the particular community. For instance, one plan provides specific local demographic data on the current and anticipated population; the distribution of population, housing types and population structure (age); and, projected growth (Master Plan A, 2006), which are all relevant. Yet, the matter of social and health related issues are referenced as a trend: the obesity trend, the walking trend, and/or the well-being trend. Thus, the data collected is truncated. Only one of the four plans reference the importance of the new policy developments of the Ministry of Health Promotion, but no other related AL policies. Thus, the result of the environmental scan performed by MPR with their outside consultants is characterized as weak in regard to making intelligent decisions concerning PA deficits.

Conversely, one of the salient features of the planning process is the collection of data, i.e., determining the need assessment. Local citizens are engaged through household surveys, town hall meetings, focus groups, interviews, and so forth. Notwithstanding their engagement, the questions asked to have a relevant debate around the issue of PA deficits, and the potential solutions are not had. For instance, for focus groups and interviews, the participants are asked a series of three questions regarding current and future needs of MPR: “1) Identify strengths of the current parks and open space system, 2) Identify concerns/issues of the current parks and open space system, and 3) Describe future perspective and needs for parks, trails and sport fields” (Master Plan A, 2006, p. 50).

Regardless, overall the master plans’ data offers a rich layer of knowledge-based evidence, that if evaluated as a comprehensive AL approach, the related MPR linkages to PA deficits are found. For instance, embedded in the following statement are the three domains of transport (spread), home, and recreation:

The majority of households participated in ‘active living’ opportunities such as walking, swimming, and fitness... .

Residents participated in recreation and culture activities at a variety of locations throughout ...[the community], **spread** [bolded] evenly between their homes, municipal facilities and private providers. Specifically, 30% of households participated in **recreation** and culture activities primarily at ... [community] owned facilities or parks, 26% at privately owned facilities, and **24%** at a **private residence** [bolded] (Master Plan D, 2008, p. A-3).

It is recognized first that *recreation* activities are carried out in locations other than public owned and serviced MPR resources. MPR misses this latent opportunity of identifying and communicating all the private opportunities for PA that exist in the community.

Second, the preference of *24% for home activities* indicates a latent target market of

people to educate that PA is good for them, and about ways they can become active around the home. That is, the daily need to accumulate minimally 10 minutes at a time, up to 30 to 60 minutes of moderate activity is important for a healthy lifestyle. The variety of choices within the context of the domain of the household activities, could also be promoted, such as free play, house chores, exercise, and gardening.

Additionally, linking the proximity of the *spread* of recreation destinations indicates an opportunity to address the expressed need of walkable and bikable facilities. That is, “what...[this community] could do better [from the perspective of the outdoor recreation and cultural services and facilities]” (Master Plan D, 2008, p. A-9). The response could be the potential strategic action: “Provide **accessible** [bolded], well **connected** [bolded] pedestrian friendly streets with designated laneways for cyclists and multi-use pathways with rest areas and shade / shelter leading to significant civic and natural **destinations** [bolded]” (Master Plan D, p. A-9). But, this connection is only conjecture on the part of the researcher from data embedded in the master plan.

Potentially, it would be effective to produce one integrated master plan for the municipality, as one Ontario Heart Health Program informant, suggests in the focus group: “Develop a regional recreation master plan that takes into consideration the interconnected trails across political borders” (Health Interviewee 5). This actual type of integrated planning is the intent of an Active 2010 prescriptive initiative of the *Community Physical Activity Planning: A Resource Manual for Communities Preparing Plans* (Morgenstern, Donvovan, & Mehak, n.d.). The Ministry of Health Promotion’s Sport and Recreation Branch had attempted to mobilize the efforts of MPR decision-makers, across the political boundaries of Donutville, and align them with the health

sector in 2005. Unfortunately, the resource manual came after the local decision to use available funding to engage in an Active 2010 project. The project centred on the dissemination of information on walking and bicycling to the public, and the organization of special events (Anonymous 1, personal communication, 2008).

Third, is the strategic leadership required to affect change. Although this process was only described by one informant, it captures the essence of the strategic planning process:

[If AL] is your priority; we want to prioritize healthy living and these are the ways you [people] can do it with [the MPR... Otherwise] we just stay in our rut, do things the same way, it's easier to do things this way. [MPR] is under resourced... But, if you have your policy, you have your master plan that says everything must lead back to this goal statement then it starts to trickle down. If you have the leadership that says 'we want to find the way to achieve this goal, to achieve this vision and then how are we going to do that then we all put our heads together and make that happen. That's the other side of the equation, is you need to have people working collectively towards the same vision. If you have poor leadership, lack of leadership... [staff] will not be proactive at changing things...[that is] finding new ways to engage the community with some of these ideas and opportunities (MPR Interviewee 4).

This statement came from an MPR informant's frustration of the lack of leadership shown by community elected officials to focus on a goal of health outcomes. However, goal orientated behaviour is not always a smooth transition. There are always obstacles:

Health and social service representatives who participated in the [community recreation] study strongly support all-agency partnerships in this area [AL] but indicated that, for the most part, this is not reflected in agency budgets or job descriptions. With no mandate or resources to do the work, it is difficult to move forward. As a result, agencies are reluctant to take the lead in initiating joint ventures that are officially sanctioned and represent a significant amount of work (Master Plan C, 2007, p. 35).

This particular MPR is potentially caught in the termination of one set of rules, while trying to assert a new direction in policy.

Fourth, is the appraisal of management efforts to affect change. Since 1981, the

appraisal of health outcomes measured in terms of PA have increased (Canadian Fitness and Lifestyle Research Institute, 1996). How does the Donutville Case compare to Canada? Accordingly, the “data suggests that most provinces/territories have seen their physical activity levels remain stable – indicating that we likely will not reach our 55% target by 2010” (A. Salmon, personal electronic communication from the Ministry of Health Promotion, September 9, 2008). Therefore, based on this trend Donutville will be stable. However, in the context of the particular situation of Donutville health risk factors are at a “significantly higher death rate than the province” (Assistant Medical Officer of Health, personal communication, 2008) that needs addressing.

The health sector is consistently monitoring the evidence, and accordingly making adjustments within the context of its particular circumstances and situation. They are always strategizing as to how to improve their efforts to effectively improve outcomes. For instance, the Ontario Heart Health Program in the Donutville Case is starting to adjust their internal efforts towards the education of policy and decision-makers and individuals to affect change in community design. This adjustment is based on the emerging empirical evidence from the disciplines of planning, transportation, and health. Increasingly the evidence shows a correlation between community design and PA. Subsequently, adjustments are being made throughout the Ontario Heart Health Program system recursively improving upon an efficacious strategy to affect change.

MPR understands making adjustments within an open system. For instance, they have to continually readjust their internal efforts of efficiencies to improve financial stability. Since external funding from government no longer support its intended objectives, MPR decision-makers balance their decision-making with user fees.

However, from an AL perspective there is no evidence they are appraising their decisional choices internally against health outcomes, which in turn would provide knowledge-based evidence to feed back into the system.

Only one MPR informant interviewed (MPR Interviewee 7) is shifting her overall efforts to effectively target health outcomes. Interestingly she is the only MPR who engaged in the local obesity strategy. Overall, knowledge-based evidence connecting AL to the decision process is lacking. Independent examination of MPR decision-functions to promote AL performance quality is lacking. Accountability of MPR decision-makers to AL policy is lacking. Consistent appraisal of the system, internal to MPR, and external to MPR is lacking. Nor are the internal efficiencies of the system of operation, connected to the effectiveness of health outcomes. Following are examples in support of this appraisal.

One MPR informant references her appraisal system as meeting the requirements developed by the Ministry of Municipal Affairs and Housing. MPR measures (outputs) were instituted several years ago, assisted by the Parks and Recreation Ontario membership (MPR Interviewee 7). The intent of the larger initiative is to input respective community data annually, which overtime provides comparable benchmarks to help with local decision-making. The nine MPR performance measures (indicators) are similar to public works, which focus on built infrastructure and maintenance of roads. However, MPR indicators relate the infrastructure back to people, that is the cost per person. There are also measures of programs and services based on the cost per person. This process of comparability of one community to other communities does not consider the unique situation and circumstances of the community.

Moreover, each MPR report the performance indicators (facts) to the province not the municipality of Donutville. Therefore, there is no accountability of MPR to the Donutville health sector, which relies on ecological interventions from MPR to affect change. Thus, the feedback mechanism to measure success is disconnected.

Another MPR focuses on its performance similar to the Ministry of Municipal Affairs and Housing program, which measures the internal efficiencies, as suggested by this statement:

[P]erformance measures should be adopted as part of the ongoing planning process. It would be advisable to develop simple performance measures to track the Department's progress in meeting the objectives of the Strategic Plan and track changes in service delivery over time. Performance measures such as the following might be tracked... :

- Net operating cost per operating hour for major facilities;
- Proportion for cost recovery for selected programs and/or facilities;
- Municipal parkland per capital (Master Plan C, 2007, p. 32).

The following statement drawn from the same document explains the measure of outcome effectiveness: “**Track changes** [bolded] in the City's age and ethno-cultural profile, and **monitor broader trends / best practices** [bolded] in service provision” (Master Plan C, p. 32). In this plan age and ethno-cultural profiles are supported by specific local facts, but PA deficits are presented as a best practices trend. Because the strategic actions targeting PA and AL are not connected to dependable local knowledge-based evidence, effective appraisal of the circumstances particular to this community are lacking.

Another planning document prepared for the largest community population in this case setting has nine typed lines devoted to performance. The broad approach is captured in this statement: “Undertake a new comprehensive Master Plan at the end of the ten year timeframe of this document (2016)” (Master Plan D, 2008, p. 45). Another method

of appraisal focuses on the overall effectiveness of MPR within the broader context of citizens and the community. There are in excess of over one hundred outcomes/benefits to measure the overall external effectiveness, and three pages devoted to why the actions of this plan are important. This one statement captures the context of this rationale:

What this shows is that the proposed parks, open space, facilities programs and related services further **all** of the personal, social, economic and environmental benefits. Of particular note are the **quality of life and community, health, safety/security and economic** benefits that will directly balance the recommended capital and ongoing operating investments outlined in this Parks, Recreation and Culture Plan (Master Plan B, 2006, p. 75).

Although, the consultants in this instance are espousing the theory of the benefits outcomes management trend, the measures are ambiguous.

Contextually, this section focused on internal factors important to AL in MPR. MPR decision-makers advocate many leveraging strategies to affect change. Although, the Ontario Heart Health Program participants' strategies do not always converge with MPRs, collectively the participants advocate many promising strategies to affect change. The emergent theme of the planning process, though one strategy, is specifically relevant to the next section focused on AL in MPR decision-functions because the planning process embodies each of the decision-functions discussed next.

Decisions for Donutville

Interconnected within each of the four AL environmental contexts of the social ecological model (see Figure 2) described in the last section are the decision functions. Although some effort is made to interconnect the decision-making functions within each environmental context, it is impossible to definitively state the decision functions applicable to each context. Thus, a summary of the findings framed within the decision functions are presented in this section.

Emergent from the findings are two sets of findings, which address the emic and etic boundaries of MPR. First, are the decision-functions, which implicate MPR as a subsystem within the context of the community. Then, the decisions-functions, which are more succinctly linked to the etic issues of adjusting and aligning the internal subsystems of the MPR delivery system are presented. For each decision-function there are a number of adjustments required for MPR to improve its role to affect change aimed at PA deficits within an AL approach. Though the findings are reported negatively, they are worded with the intent of easily re-interpreting them positively to help reposition MPR as an effector agency.

Community Context Decision-Making (Etic)

Appraisal

This decision-making function is characterized as very weak. Though the appraisal function is distinct from knowledge-based evidence, it provides the knowledge that feeds back into the system. MPR decision-makers emerge as authorities that do not take seriously health outcomes of its constituents; therefore, MPR is not reacting to the state of PA deficits, and making the necessary adjustments to its delivery system. Nor are they focusing its management efforts at creating a healthy livable community; therefore, it is not realigning its efforts to meet those specific needs, nor defining the objectives to realign its delivery system.

Knowledge-Based Evidence

The presentation of the issue of PA deficits is inadequate. Pertinent facts from Statistics Canada, and/or the local Public Health Boards are not evident, limiting MPR's effectiveness. Enough information is not collected to support determinations of PA

decision-making to improve health outcomes. MPR does not obtain reliable data that is dependable, and comprehensive to further the planning process to make decisions.

Therefore, there is no integration of relevant data into a holistic process to help decision-makers clarify objectives, to identify appropriate infrastructure projects, partnerships, and communication strategies. Additionally, information is not sufficient to estimate community mortality trends, and to identify populations at risk and causal factors that should be targeted. There is no attempt to present the data to stakeholders involved in the process. This function of knowledge-based evidence is structured inappropriately, not allowing locales as small as neighbourhoods to appropriately identify, and target what is needed to improve their own health outcomes.

Promotion

MPR is not mobilizing support for AL policies. MPR does not link itself to other related issues (e.g., transportation, sustainable development, community design). MPR does not have a clear understanding of other discipline expectations in terms of an AL approach. MPR is not engaged in open forums of discussion regarding PA deficit strategies. MPR's approach to PA reflects its own special interest characterized by its profession, not the common interest of social and health relevant issues affecting the population. Parochial decision-makers monopolize MPR decisions; consequently, powerful decision-makers control discussions of alternative, health outcome strategies. Regardless of the advocacy efforts made by the health sector, its perspective appears to be ignored. MPR program development is characterized by professional decisions, through consultants, and associations, not from local MPR decision-makers. This appears to impede an integrated local approach.

Activities addressing the concern of PA deficits are not targeted at select audiences. MPR decision-makers do not seem to understand its role as a prominent effector agency to affect change, nor the ecological interventions it can take to maximize health outcomes. MPR decision-makers do not realize the choices available to make better decisions that align with health outcomes. MPR do not involve citizens in regular open debates about how to tackle the problem of PA deficits, and how constituents can be involved in its solution. MPR does not seek out partnerships with other disciplines implicated in the AL agenda.

Delivery System Decision-Making (Emic)

Because the focus of this research steered away from the detail complexities of the MPR delivery system, the findings for several of the decision functions is meager. Nevertheless, the findings are relevant to the overall context of adjusting the delivery system within a community context. The four decision-functions are organized appropriately into two groupings.

Prescription and Practice

AL prescription is not integrated efficiently by MPR decision-makers into its delivery system. The process of amending Official Plans is addressing specific prescription from an MPR perspective, thus connecting the value of PA to health outcomes and a healthy livable community. The intent of the planning process is to slowly restructure the characterization of norms of decision-making, thus the civic demands deemed more appropriate to building PA back into the population's lifestyle will take priority.

MPR lacks leadership for organizing AL partnerships, with other health and social agencies. Yet, the practice of potential partnerships appears to be successful in the sense that MPR agrees to be lead by others. MPR are not motivated to integrate AL decision-making into the recreation delivery system, by other levels of governments. MPR needs to make its delivery system more responsive to achieving PA outcomes, both inside and outside the system.

Application and Termination

There is no compliance associated with the Active 2010 policy actions or the municipal obesity strategy because the intent of these plans is information. Yet, the shift towards new regulations from the perspective of amending each of the Official Plans should help MPR facilitate aspects of an AL approach over the long term, terminating old frameworks of decision-making.

Conclusion

Based on the generalizations made in the literature review in Chapter Two, I tried to capture the current condition and situation of MPR within the context of the Donutville Case, as represented by the social ecological model (see Figure 2). Overall, this section has laid the foundation for understanding the contextual environmental AL factors in MPR. The social ecological model provides a means to juxtapose the dynamic forces of tension between MPR and AL at multiple levels. Each discrete variable could be a cause for concern, yet as part of the greater ecological system the weaknesses could be, and are, influenced by other strengths and weaknesses elsewhere in an open system of environments.

The findings helped understand the emergent theme of AL in MPR planning

process, connecting the case to the weaknesses of all the decision-functions. Emergent from the findings of each of the decision functions are those decisions that have a greater impact on the community, and those decisions that are internal to MPR. Conclusively, MPR's efforts to affect change within an AL approach are characterized as very weak leaving considerable room to improve its role. The findings provide the context for the development of the emergent analogous logic model presented next.

CHAPTER FIVE: UNFOLDING THE LOGIC

Introduction

MPR is identified as an effector agency to improve health outcomes. The intent of the last Chapter was to present an understanding of the complexity of the social ecological environments of AL (see Figure 2) within which MPR functions and operates. To be an effector agency, understanding the complexity of the layering of environments is critical to AL decision-making. Dynamic forces converge from all directions on MPR decision-making.

This chapter focuses on MPR decision-making within the context of an open environment. It addresses the research questions from a new perspective. The emergent analogous logic model to the social ecological model is introduced and explained. Within the contexts of the logic model are final interpretation of the findings are embedded.

The Logic Model

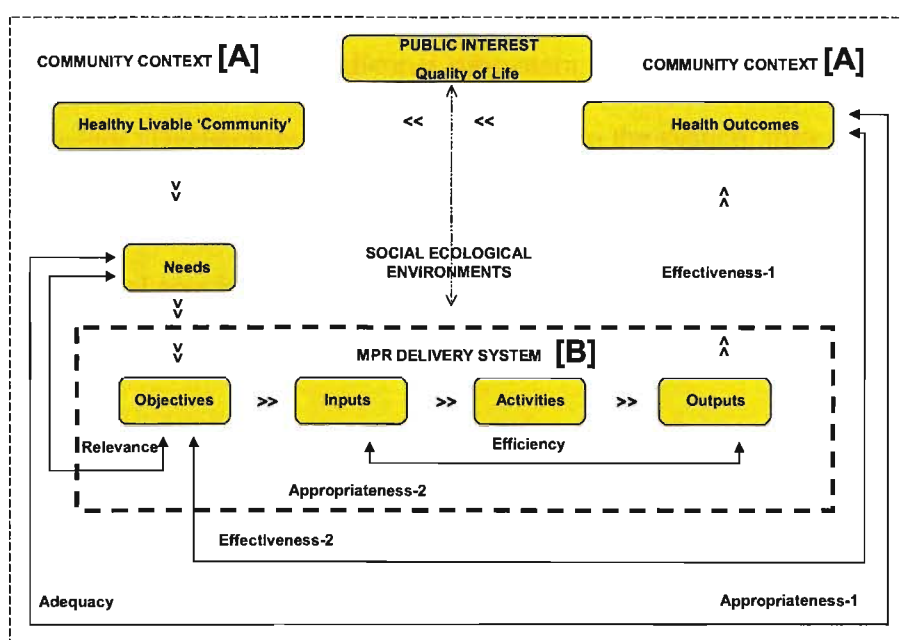
A system is a metaphor for a mental model (paradigm) of the invisible whole. A mental model provides a means to reveal my assertions of the case. It helps sort through the abstractions formed by this research. Figure 3 introduces the emergent logic model. To further an understanding of MPR's strategic position in the community, the three emerging themes from the last chapter, are integrated into the discussion, i.e., the planning process, the community context decision-making functions, and the specific MPR decision-functions.

How to Read the System

Through the explanation of the model, I introduce its basic premises. First, two

major contexts (systems) make up this model: the social ecological context, which is the community context (see Figure 3 [A]); and second the context of MPR (see Figure 3 [B]). The entire model (see Figure 3) depicts the one open system specific to the Donutville Case, similar to Figure 2, but from a new perspective. Within the open system (see Figure 3 [A]) are a number of sectors; however, because the purpose of this research is focused on MPR, it is the only sector depicted (see Figure 3 [B]).

Figure 3. Active Living in Municipal Parks and Recreation Logic Model.



Adapted from McDavid and Hawthorn, 2006.

Next, the MPR Delivery System (see Figure 3 [B]) is delineated as a separate system, made up of subsystems within a larger open system (see Figure 3 [A]). The broken line surrounding MPR (see Figure 3 [B]) is similar to the marked broken line on a road way for cars, meaning it is okay to pass, i.e., any individual, whether they are an elected official, a representative from the health sector, planning, or transportation can

cross over into the MPR sector to meet and talk with individuals organized with any subsystem of MPR. The reverse is also true; MPR can step over to the other side, and is encouraged to do so. A broken line surrounding the entire model (see Figure 3) supports the same meaning of a fluid relationship between contexts. However, in this latter scenario the broken boundary line of Figure 3 represents the municipal context, thus outside this context are the other political units of provincial, federal, and international described in Chapter Two.

Third, each of the boxes delineates a system. It is important to understand that individuals (decision-makers) are a distinct subsystem, of each system, which collectively makes up a system. Decision-makers are not apart from the system; they are a part of the system. Their decisional actions, whether individually or as a group affect the entire system. Everyone shares responsibility for how a system operates. Within each subsystem decisions are made.

Fourth, although straight lines are used in Figure 3, it is important to avoid the linear thinking of cause and effect, and understand there is a relationship between the systems and subsystems. The lines and chevrons (>>) show a confluence of actions conspired to affect health outcomes (short term goal), and create a healthy livable community (medium term goal), with the aim of improving the quality of quality (long term goal). The interconnected relationship between the contexts of the social ecological context of the community (see Figure 3 [A]) and the MPR Delivery System (see Figure 3 [B]) promotes the whole of an AL approach. The path of interface between the contexts can flow one-way or the other. Because decision-making functions are actions that can alter the system, either in support of PA or not, any decision can leverage change in a

system.

For instance, it may seem obvious (intelligence) in order for MPR to affect change (health outcomes) they build a multiplex facility that may supply a number of alternatives for PA opportunity. However, there are non-obvious consequences MPR decision-makers should be cognizant of, i.e., if they build the facility in a location that is not within the walkability, or bikability of residents, or near local transit, MPR reduces the opportunity for PA opportunity, thus negatively impacting on health outcomes.

Fifth, is the premise of feedback mechanisms (intelligence). The application of feedback can either reinforce a system, or balance it within an open system. To reinforce its system, MPR can anchor itself to the end state of the quality of life, as shown in Figure 3. Alternatively, by following the confluence of chevrons from one subsystem to the next (as shown in Figure 3), whilst pursuing a goal-orientated behaviour to affect change, nudging and pushing the system in a desired direction, MPR can slowly tinker away at the system to balance itself within the whole of the system. Goals can come from anywhere in the system, from other sectors, other political units, or constituents. The intent is for MPR to shape the critical parameters that can influence the course of system evolution. Interconnected with feedback mechanisms is the factor of delay.

Last, some other defined terms from McDavid and Hawthorn (2006) help understand an integrated planning process. Needs is determining the requirements, then considering what to change either within MPR (see Figure 3 [B]), or in the community (see Figure 3 [A]). Relevance is relating the needs to the objectives. Objectives determine the preferred outcomes. Efficiency is the measure [indicators] of success within the MPR Delivery System. Effectiveness is the measure [indicators] of success

within the open system. Appropriateness is the logic of the connections between sub-systems and systems.

MPR in the System

Within the MPR Delivery System (see Figure 3 [B]), beginning with the inputs are several standard functions supported by The Commission on Accreditation for Park and Recreating Agencies, an initiative of the National Recreation and Parks Association (van der Smissen, Moiseichik, Hartenburg, & Twardzik, 1999). That is, organizational leadership, programs, facility and land use management, fiscal and policy management, human resources, public and community relations, safety and security, risk management, and evaluation.

Then, the model (see Figure 3) follows Hurd et al.'s (2008) logic diagram, activities >> outputs >> outcomes of the outcomes-based management trend. Activities are the programs, products, and services offered. Outputs are the measures of success and failures within the MPR Delivery System to offer the activities (efficiencies) (see Figure 3 [B]). Outcomes are the measures of success and failures within the open system to affect change (effectiveness), i.e., health outcomes, creating a healthy livable community (see Figure 3 [A]).

For this research, activities are aligned with the MPR resources, i.e., facilities, open spaces, programs and services, and special events. Outputs and outcomes can be a measure of magnitude, e.g., five percent increase of twin pad arenas; or as temporal measure, e.g., in ten years five twin pad arenas will be built. Generally, output measures are oriented with the Delivery System (see Figure 3 [B]), and outcome measures are orientated with the open system (see Figure 3 [A]). The measure examples given,

leverage the growth of MPR. A preferred AL strategy is one that is anchored with a definitive goal that the community (see Figure 3 [A]) is grappling with, such as improving health outcomes, or creating a healthy livable community. Thus, a preferred magnitude measure is, e.g., five percent increase of walkable MPR facilities (i.e., people living within a 2.5 kilometre radius of a facility will have an appropriate behavioural setting connecting them to the facility); and a preferred temporal measure is, e.g., in ten years five facilities will be deemed walkable. Benefits outcomes are outside the delivery system (see Figure 3). Regardless, they are important, and can be expressed in a spectrum of ways, e.g., as defined in *The Benefits Catalogue* (Balmer & Clark, 1997), as defined by Driver and Bruns (1999), or as defined by the themes of sustainability (Harcourt, 2006), and so on.

Active-Living in Municipal Parks and Recreation

From the findings, MPR does not emerge as an agency (see Figure 3 [B]), which is effectively balanced within a community context (see Figure 3 [A]). Within the boundaries of these two contexts, the findings are summarized identifying the environmental factors affecting AL in MPR decision-making.

External AL Environmental Factors

The shared vision of AL advocated by the health sector is wavering; yet, it appears to have manifested into the vision of a healthy livable community, which may be more meaningful to MPR. However, there is a lack of understanding of the meaning and potential of MPR by other stakeholders, which has restricted the capacity of MPR to evolve into a more effective effector agency within the open environment (see Figure 3 [A]). This thinking influences the recognition of the partnership role of MPR as a team

player to affect change. This lack of understanding also diminishes the potential of MPR to affect change, if other persons are designated to make MPR related decisions, i.e., decision-makers that do not value or understand the quality of life in the way trained MPR professionals do, can diminish PA outcomes. A lack of understanding and shared values can also influence the potential to have meaningful discussions between sectors, such as MPR and public works (engineers). If appropriate discussions are not had, the outcome of costly infrastructure decisions may lack the spectrum of health benefit outcomes important to individuals.

There is also a lack of ongoing financial support (inputs) for MPR, to ensure its resources meet the standard determinants of PA, i.e., safety, comfort, attractiveness, convenience, accessibility, and crime. Although there has been a lack of official planning regulations that promote walkable and bikable facilities, prescriptions are being put into place by the provincial and municipal/community governments. The locus of control is dysfunctional, e.g., municipally the social and health departments are separated from MPR; provincially representatives for MPR are separated from health, despite both being products of the same Ministry. Functions between Ministries at the local level do not function effectively.

Internal AL Environmental Factors

First, from the perspective of sitting on the fence, i.e., the broken dotted line (see Figure 3 [B]). Although MPR uses the shared vision of AL to leverage its own resources politically, MPR decision-makers' convoluted understanding of AL only reinforces the message that the AL agenda is wavering. The new mental model focusing on community design of a healthy livable community, has not yet captured the imaginations of MPR

decision-makers, i.e., there is no evidence of the uptake of this new vision, recognizing the reaction may be delayed.

Second, MPR decision-makers emerge as reinforcing a lack of understanding of its potential to affect change in the open environment. Other than the efforts of professional associations working the open system, no MPR decision-maker, I found, is purposively *sticking their neck* out to affect change. Although local MPR decision-makers are open to collaborating with the health sector and others, they do not seem to be actively joining the network of health professionals to affect change. Nevertheless, encouraging signs are starting to emerge with efforts spearheaded by the Ontario Heart Health Program.

Third, the MPR planning process requires several changes to improve decision-making. Following the flow of influence, MPR decision-makers appear to be on the right path aimed at improving a quality of life, but they are by passing the issues that the community is grappling with (i.e., health outcomes as a short term goal, and a healthy livable community as a medium term goal). Thus, if they presented themselves as a learning organization, they would connect the dots (see Figure 3) between short term and medium term goals, in a meaningful planning process.

Fourth, a number of input constraints are apparent in the findings, all correlate with the standards of MPR operation: lack of organizational leadership; poor facility and land use management; poor fiscal and policy management; lack of human resources; poor public and community relations; self-interest in safety, security, and risk management; and lack of efficient and effective evaluation. Consideration of the linking strategy factors (especially the ones from the Ontario Heart Health Program informants),

discussed in the last chapter, if appropriately applied could alter the internal delivery system, subsequently the open system, thus affecting change.

Finally, decision makers have the greatest potential to affect change if they focus their efforts on three strategic decision functions identified in the last chapter. Where does each of these decision-functions fit within Figure 3?

Appraisal would best fit in two places within the system. First, it would fit as a team effort with other sectors, and individuals who are grappling with health outcomes at the interface of needs to health outcomes (see Figure 3 [A]). The appraisal decision-function would also fit as a team effort with those who manage MPR resources within the MPR Delivery System at the interface between objectives and health outcomes (see Figure 3 [B]).

Knowledge-based evidence can be a feedback within the system, thus it can be interpreted as learning from the efficiencies and effectiveness of the system. It could fit between the interface of a healthy livable community << and >> needs. That is, understanding what a healthy livable community means, e.g., a sustainable community (a balance of social, economic, environmental, and creative factors). It could fit, between needs → and → health outcomes, i.e., knowing what the PA deficits are, other than just a trend. It could fit between the interface of needs << and >> objectives. Each fit improves the alignment of the two contexts of MPR (see Figure 3 [B]) with the open environment (see Figure 3 [A]).

Promotion (advocacy and inquiry) can fit in many places within the system. As a function connected to appraisal, promotion can leverage an understanding of the current situation to affect change. As a function connected to knowledge based evidence,

promotion can further leverage an understanding of the current situation to affect change.

Conclusion

In the end, an attempt is made in this chapter to answer the research questions: What are the dynamic forces aimed at MPR decision-making (see Figure 3 [A])? What are the leveraging strategies used by MPR decision-makers to affect PA behaviour change (see Figure 3 [B])? What needs to change to make AL part of MPR's core strategy (see Figure 3)? The answers to these questions would not have been possible without leveraging the findings from the last chapter, or even the emphasis placed on understanding MPR resources from the scope of the literature review.

The findings support two emerging themes that should be addressed to improve MPR's role to affect change aimed at PA deficits within an AL approach. First, there is the lack of wholeness with the system. MPR has a tradition of manifesting itself within the open system to deal with the challenges and opportunities posed by the environment. But there are different ways (solutions) of arriving at the ideal state (vision), which MPR decision-makers need to grab on to when the opportunity arises. Then they need to flow with the opportunities in the system, rather than resisting the opportunities, and ultimately blaming the system for its problems.

The second emergent theme is the amount of *stickiness* (limiting factors) in the system. Blame can be targeted at MPR decision-makers, or MPR decision-makers can target the blame at government for a dysfunctional system, or the health sector, or whomever. However, the essence of the system is holism and interconnectedness. It is being open to visions that connect with the quality of life and the public interest, sharing the same visions and learning together how to affect change.

CHAPTER SIX: DISCUSSION AND CONCLUSIONS

Introduction

In this concluding chapter, I share my final judgments on the findings, in addition to providing my opinions of this research project. First, responding to the research questions, then focusing on the two emergent themes from the last chapter. Next, a section is devoted to the contribution this research provides to the leisure literature. In addition, the practical implications of this study are discussed, before listing the limitations from several perspectives. Subsequently, several future research initiatives that stem from this case study are suggested, before I make some concluding remarks to wrap up this inquiry.

Responding to the Research Questions

This discussion acts as a brief introduction to the discussion of the two emerging themes: bridging the gap and collaboration. Stated in Chapter One, this study was designed to address the following questions. The central question: How can MPR improve its capabilities to affect change? The sub questions: 1) What are the dynamic forces aimed at MPR decision-making? 2) What are the leveraging strategies used by MPR decision-makers to affect PA behaviour change? And, 3) What needs to change to make AL part of MPR's core strategy?

The social ecological model was a very effective means of intensifying the questioning. Each environmental layer provided a priori theoretical framework helping to focus the findings on appropriate AL decision-making. Moreover, applying the contexts of the ecological model helped to bring an understanding of the boundaries between the etic and emic issues, as they related to AL decision-making. Because of the

enormous amount of complexity the model provides, I had organized the layers into three manageable thematic contexts. Although, more general the three contexts still helped to illuminate certain aspects of the questions.

For example, while addressing the first sub question within the external AL environmental layers a repeating etic theme emerged that multiple stakeholders have a vested interest in MPR resources. Findings responding to the second question found MPR (emic) contesting other sectors to pursue their own mandates within the external ecological layer. Answering the third question, within the internal AL environmental layers, the findings depict MPR as an agency that is in transition, but not quick enough, timidly wanting the health sector to forge AL partnerships with them.

The social ecological model had its limitations to understanding MPR decision-making, which warranted the development of an emergent analogous logic model. The logic model helped illuminate other aspects of the questions more adequately. For instance, addressing the first sub question found that other sectors do not necessarily understand MPR decision-making. Through responding to the second research question, the data helped reveal that MPR does not attempt to effectively stabilize itself within the open environment anchoring its decision-making behaviour on affecting change in a meaningful way. With response to the third question findings indicated that considerable effort is needed to improve the alignment of management efforts through out the system.

Each of the models provided insight into the central question. Findings focused on the decision-making functions indicated that MPR decision-makers do not necessarily understand they are caught in a paradigm shift. If they did they would be more reflexive, mastering the conversations necessary to make better decisional choices. For instance, if

MPR decision-makers are more focused on the intensity of the health issue of PA deficits, they would shift the business practice of recognizing it as a global obesity trend, to addressing it within the particular situation and circumstances of its immediate context. Therefore, to address the objective of this case, to provide an explanation of how MPR can improve its role to affect change aimed at PA deficits within an AL approach, MPR needs to better understand the function of context.

Bridging the Gap

The issue of PA deficits if targeted within the context of a community (municipality) will show more efficacious results than if targeted just from provincial or national contexts. Bridging the gap between the tensions what is and what ought to be are critical dynamic forces to affecting change, but alone meet with limited success. This is, because although the epidemic of PA deficits may be provincial and national in scope, PA is extremely sensitive to the environment where the behaviour occurs (Ainsworth et al., 2007; Sallis et al., 2006; Taylor et al., 2007). That is, PA is affected by the circumstances and conditions of place; a place controlled by multidisciplinary decision-makers (Lejano, 2006; Sallis et al.). Decision-makers need to rationalize a common agenda to address PA deficits (Librett et al., 2007; Sallis et al.), inclusive of MPR, which only operates within a community context (Karlis, 2004; Searle & Brayley, 1999; Smale & Reid, 2002). Therefore, to have more efficacious results, a “collaborative framework that influences the promotion of policy related to physical activity” (Spangler & Caldwell, 2007, p. S64) within a community context is needed. A two-tier municipal system of government complicates the meaning of community context, and thus the potential effectiveness. For this discussion, I use community interchangeably with

municipality; however, I envision the MPR delivery system of each of the Donutville communities as subsystems of one major delivery system within the one municipality of Donutville (as shown in Figure 3). One delivery system that does not necessarily need the hierarchical control of another level of decision-making, but a delivery system within which subsystems are adjusted to better balance the system of delivery within the context of Donutville.

Because PA is also affected by the circumstances and conditions over time (i.e., decision-makers from all sectors from all political levels have *tinkered* away for decades at the social and physical context of a community, as I found in the case of MPR's history) there is the assumption then the decision-makers can reverse the process away from the epidemic crisis of PA deficits. Sallis et al.'s (2006) ecological model of four domains of AL provides the qualifying relevant and appropriate collaborative framework for reversing the process. Accordingly, the ecological model reinforces the prominent position of MPR to affect change; in the forefront where they ought to be (Balmer & Clark, 1997; Driver & Bruns, 1999; Godbey et al., 2005; Henderson et al., 2001; Kruger et al., 2007; Parks and Recreation Ontario, 2007; Sallis et al., 2006).

Using the ecological model's a priori categories as the open system archetypes imparts the more specific first steps to affect change. However, the emergent theme of the ineffectual MPR planning process implicates PA decision-making; diverging it away from improving its full capabilities to affect change. Effective planning "creates longer-term balancing processes" (Senge, 2006, p. 85).

The logic model (see Figure 3) shows a more appropriate MPR planning process behaviour to affecting change, which realigns its delivery system improving its capacity

as an effector agency, and more adequately addressing the issue of PA deficits, i.e., the short-term outcome of health benefits. This then, achieves what Henderson and Bialeschki (2005) argue the recreation sector needs to do, in order to affect change, transcend the detailed complexity of the understanding of MPR linked directly with quality of life.

This overall realignment approach may appear to bypass the ideal state of quality of life, but not necessarily because research argues that recreation resources are linked to quality of life (Balmer & Clark, 1997). However, as Smale and Reid (2002) argue, this one behavioural change step by the recreation sector more appropriately anchors itself within the community context. This MPR decision-making behaviour change “demonstrate[s] how public recreation may contribute to the solution of social problems” (Smale & Reid, p. 182). Thus, the required adjustment by the MPR decision-makers within a community context is an emic systems thinking move away from practicing community *recreation*, to practicing *community* recreation, thereby improving the alignment of the delivery system with the needs of citizens within the context of a healthy livable community. This step achieves the essence of PA, i.e., AL, and the essence of recreation, i.e., quality of life. The emergent model (see Figure 3) visually depicts where in the system the appropriate behaviour of MPR decision-making needs adjustment to affect change; whereas the ecological model shapes an understanding of an AL approach to decision-making.

Collaboration

Concurrent with the need to understand the importance of context to affect change, is the importance of collaboration. Because there is some amount of stickiness in

the system (primarily at the interface between the broken line defining MPR as shown in Figure 3 [B]), it is relevant to discuss three pressing emic issues. The three obstacles collectively relate to collaboration: 1) relationships, 2) communication, and 3) interpretation of AL. Collaboration is a key intervention to affect change (see Chapter Two). Collaboration is preventing MPR from effectively operating within the context of the greater community (see Figure 3).

The multiple relationships with stakeholders are strained. The findings present an inefficient and ineffective integrated decision-making process to affect change. Yet, according to Librett et al. (2007) “the timing is right to move ahead in addressing issues” (p. S6). Moreover, Spangler and Caldwell (2007) argue the issue of PA needs to be addressed within a “collaborative framework that influences the promotion of policy” (p. S64). The “park and recreation movement was predicated on the belief that public parks enhance the livability of communities and recreation contributions to individual health” (Spangler & Caldwell, p. S64). Yet, the relationship of the sector of MPR emerges in this study apart from health and other key AL stakeholders. The development of meaningful relationships is beginning to converge, but not quickly enough.

In this study, MPR informants leverage the utility of partnerships as an application to facilitate PA deficits, more so than the Ontario Heart Health Program informants do. Yet, it is the Ontario Heart Health Program that operates within a structure of collaboration, welcoming partners from all the AL domains. Nevertheless, MPR’s circle of partnerships is limited within this context of health. Indeed partners are limited from the AL domain of transport (MPR’s infrastructure competitor), as well.

Potentially MPR could benefit from a partnership with the Ontario Heart Health Program. Preliminary research of this Ontario Heart Health Program shows increased utilization of a partner's own services, development of new and valuable relationships, heightened public profile, and an enhanced role in the community, as well as increased ability to shift resources to needed areas (Anonymous 4, 2007). This partnership is also a place where meaningful continual mobilization and consensus building takes place.

MPR needs to focus on improved communication. Walking and bicycling emerge as two activities important to AL. Walking and bicycling are only two types of recreation activities and experiences, but if MPR narrow their interest towards walking and bicycling, they could engage in a meaningful dialogue of common interest with the health sector, and other sectors. This gap is so narrow in knowing and understanding walking and bicycling by MPR, one could literally step to the other side.

If MPR practitioners dismiss this opportunity to fill the gap to connect with the other sectors, this becomes disconcerting because they "ignore the conversation among, and actions by previously polarized individuals that increase both an understanding and the ability to develop and apply integrated and adaptive policies" (Holling, 1995, pp. 16-17). These discussions could lead to other PA activities favoured by the Ontario Heart Health Program informants of unstructured activities in the outdoors. These alternative choices for PA, broadens the scope of PA opportunities (Buchner & Gobster, 2007). This should be a foundational standard for institutionalizing AL in MPR. Each community is set in a unique environmental context that can be tailored to meet PA needs (Buchner & Gobster).

Last, the meaning of AL can shift within a blink of an eye. It is not a rigid concept, but a multifaceted multiple meaning concept. If MPR is to find its logical place within the system to affect change, decision-makers need to understand the chameleon character of the AL concept. For instance, within the concept of this research, AL is used as a multidisciplinary ecological approach, an AL approach MPR decision-makers are unable to grasp. MPR practitioners prefer to understand AL as a lifestyle. If MPR decision-makers were not such rigid thinkers they could shift the meaning to a sustainable lifestyle (Buckingham-Hatfield & Percy, 1999).

Accordingly, a sustainable lifestyle embraces the themes of leisure research regularly addressed in the literature that is economics, social, and environment (Shaw, 2007). However, rarely are these concepts discussed together as the concept of sustainable development (Shaw). Again, with some creativity, the profession of MPR could shift from the rigidity of the lens of benefits in the public interest to linking benefits to sustainable development. MPR decision-makers limit their potential. The ultimate lesson learned is that MPR needs to be more flexible. Transformation for change can logically start anywhere in an open-system.

In spite of these challenges, there is ample evidence resulting from the analysis that MPR's strength rests in two places. First, the knowledge-based evidence characterized by its sector. Working towards facilitating the AL agenda this is one of the greatest asset MPR decision-makers can contribute to a collaboration with health (Kruger et al., 2007). Kruger et al. promote a number of proposals on how to integrate knowledge of the MPR sector with the health sector to effectively inform the planning and transportation sectors. The challenge is to integrate efforts (Kruger et al.).

In a small case, such as the Donutville Case, potentially the health sector could take the lead in integrating the data, hiring the four recreation consultants who developed the respective MPR master plans. The intent would be to generalize the data, so that MPR or health, or any other related sector, regardless of where they fit in the two-tier government system could access and rely on the knowledge to make better AL decisions.

Second, “public park and recreation infrastructure is unmatched by its potential to support public health efforts to (re)engage citizens in physically active lifestyles that are enjoyable, wholesome, and healthy”(Spangler & Caldwell, 2007, p. S70). This case study has a wealth of PA opportunities typified by the sector (i.e., facilities, open spaces, programs and services, special events). Yet, despite the wealth of PA opportunities in this case setting, paradoxically it is the obstacles of collaboration preventing MPR from directing their resources at the problem of PA deficits.

Contributions to the Leisure Literature

This research revolves around the creative tension between the current reality of MPR (emic) and the ideal state of AL (etic). There are two emergent integrated perspectives that fill this gap, which contribute to the leisure literature: making better decisions to affect change, and using systems theory to indicate where in the system better decisions should be made. Making better choices requires a level of competency in decision-making in different social ecological situations. Systems theory is used to understand the complexity of the problem of PA deficits, and what needs to shift: either to better align the decisions to the system, or align the system to the decisions, or a little of both (see Figure 3 [A] and [B]).

Using the conceptual framework of the ecological model based on systems theory provides a snap shot of the situation of one municipality at one point in time. The evidence strongly concurs with the literature presented in Chapter One, i.e., PA is not a central concern for MPR decision-makers; nor have they consciously connected the dots to the health problems of PA; nor have they mastered the proficiency of conceptualizing AL from an ecological perspective. Thus, this research adds to a body of knowledge indicating that MPR needs to improve its management efforts to affect change.

The conceptual framework of the ecological model helps capture the social context of the case, to leverage an understanding of how decision processes are interconnected within multiple environments. A basic principle of systems theory is that change can come from anywhere in the system. MPR decision-making is implicated within multiple environments, implicating individual's choices with direct and indirect consequences. By addressing the question, what are the dynamic forces aimed at MPR decision-making, this inquiry fills a gap in the leisure literature, addressing the management of the creative tensions of change across boundaries of MPR and the AL needs within a community context that need to be addressed, i.e., the three key decision-making functions (knowledge based evidence, promotion, and appraisal).

The intent of this research is to further an existing body of knowledge regarding the benefits approach to management. Smale and Reid (2002) argue the "process of connecting the benefits of recreation to problems and issues with municipalities and their officials are concerned is an important but, as yet, uncompleted step" (p. 182). Because this research uses the theoretical approach similar to Driver and Bruns (1999), it offers an understanding of where in the system the dots should be connected. Moreover, it

reinforces an understanding of the intertwined relationship of parts to wholes.

Researchers are interested in balancing the abundance of linear model understandings with ecological understandings of the issues (Ainsworth et al., 2007). Metaphorically, an ecological model brings together the village to affect change. It provides evidence that MPR decision-makers are ignoring the conversations with others in the village. Using the conceptual framework of the social ecological model adds to a body of leisure literature related to the multidisciplinary underpinnings of a shared AL agenda, which health and leisure researchers are asking for (Buchner & Gobster, 2007; Kruger et al., 2007; Librett et al., 2007; Sallis et al., 2006; Spangler & Caldwell, 2007).

Practical Implications

The aim of this research was not to develop a theory about how MPR decision-makers can improve their role to affect change aimed at PA deficits within an AL approach. The intent of this inquiry was to study a functioning case, which can help MPR practitioners. There are many challenges to integrating an AL strategy into MPR as a core strategy focused on PA deficits. This inquiry makes some suggestions related to developing an efficacious strategy to improve the current situation.

First, advance the competency of decision-making. The three key decision-making functions of knowledge-based evidence, advocacy and inquiry, and appraisal are major influences and if applied appropriately, will improve the current PA deficit situation. Practitioners can potentially apply this level of competency at multiple places within the system.

Second, the mastery of the promotion decision-making needs some practice. Promotion is an integrated approach of advocacy and inquiry (Senge, Smith, Kruschwitz,

Laur, & Schley, 2008). MPR decision-makers are trained to be advocates of quality of life (benefits), and health promoters are trained to be advocates of population health. Both advocate the truths of their profession. Both truths are important to addressing PA deficits. Inquiry is an incremental part of advocacy, it is simply asking. For example, instead of waiting for health to call, MPR should call health. Inquire of their services; inquire what MPR can do with its resources to promote PA.

Although, the intentions and results of MPR's efforts of advocating government to affect change have to some extent been very effective, MPR needs to advocate the purpose of its sector to other sectors, such as the health sector, social sector, the transportation sector, and the planning sector. Everyone needs to be included in the advocacy and inquiry discussions to affect change in a meaningful way.

Without a balance of advocacy with inquiry, each sector accordingly gets "stuck in unproductive conversations" (Senge et al., 2008, p. 255), because of a set ideology. To become unstuck decision-makers need to deepen their reflexivity, suspending their assumptions brought on by their profession, before inquiring of the views and assumptions of others. Senge et al. provides a very practical protocol for improving advocacy and inquiry skills, which could be applied by MPR decision-makers. Step one, following his theory of the ladder of inference, he offers a line of advocacy questioning. Next, to advance inquiry skills he lists a series of questions, which focus on making the thinking more transparent. Last, he provides some questions to ask, to help decision-makers work through a point of view with which they may disagree.

Third, outcomes-based management needs some rethinking. Patton (2002) argues the problem with outcomes evaluation management is decision-makers get stuck in the

numbers, quantifying this and quantifying that. There are other means of promoting the outputs of MPR, which are more qualitative in nature. By becoming enthusiastic about the prospects of a PA prescription for the improvement of health outcomes, MPR can improve the transparency of its relationship to PA in the leisure/community guides and on their websites. Improve public access to *The Benefits Catalogue*, beyond the messaging. Take lessons from the tourism sector and develop inspiring marketing pieces that lure citizens. Compare a tourism guide to a leisure/community guide. Which one provokes fun or an improved quality of life?

Additionally, outcomes-based management focuses decision-makers on the larger open environment, but decision-makers cannot effectively measure outcomes (McDavid & Hawthorn, 2006). Although decision-makers can influence outcomes, concisely measuring the effectiveness of their management efforts can be demoralizing and frustrating, because of the delay factor, and lack of control of an open environment (McDavid & Hawthorn). Accordingly, decision-makers have more control over outputs, which can result in the development of indicators that are more relevant to structuring an efficient operation, than affecting change in an open system.

Drucker and Maciarello (2008) suggest, conducting two environmental scans, internal to the operation, and external to it first, before focusing on specific outputs or outcomes. The authors suggest two appropriate questions, which are adapted here to PA deficits: 1) Within the MPR Delivery System, what is the best we can provide with the resources we have? 2) Outside MPR, are we doing the right thing?

However, this approach can be ethically limiting (Lejano, 2006). There is a need to drive at the ethical essence of the institution. If the normative consideration of policy

intervention is discussed within the context of the ethics of public interest, then certain decisions will shape and influence MPR as a modality of PA, thus AL. PA does not have to be the central concern.

For instance, a municipality's official planning amendment process provides such a forum to produce indicators of performance (outputs/outcomes). The following set of standards, adapted from Lejano (2006), could shape and influence the environmental behavioural settings of MPR destinations:

Standard 1: All individuals should have access to active recreation.

Standard 2: No individual should need to walk more than 15 minutes, from their home to a bus stop that services a recreation destination. (Thus, MPR is providing the basic requirement of 30 minutes of PA, based on a return trip.)

Standard 3: Frequency of bus service over different areas of the municipality should be proportional to the density of the customer base in these different areas.

Standard 4: No person should have to wait more than 15 minutes at a bus stop.

Standard 5: If we can build a system of transportation to service most of the people all of the time, then we need to identify alternative solutions to service 100% of the people, 100% of the time, then we should do so.

Thus, MPR would establish output/outcome measures related to the whole of AL.

Limitations

Several limitations emerge from several different theoretical perspectives. A theoretical perspective is only one truth, one means of approaching and understanding an issue (Morgan, 2006). From the theoretical perspective of systems theory, it is only one reality to understanding the relationship of MPR to AL.

First, because systems theory emerges from biology, biology being an objective science, it can be assumed that systems theory socially constructed is objective.

However, to do this is naïve, because the socially constructed reality of the phenomena of AL in MPR is a subjective process shaped by norms and beliefs of society that are continually evolving. And, if I live in the same society, at least the same province in Canada as this case study, have I then applied the same subjective rigour to constructing this case?

Systems thinking, conceptualized as a learning organization, also has its limitations, in that it can trap the researcher into a system of self-referential thinking. That is, if learning is a continual indulgence of the same collective mindset, it binds the learning process to one mindset, thus preventing the truth of what it means to think outside the box, i.e., with others who may not have the same mindset. Because my grounding is in leisure studies, it implies I may have biased this study with self-referential thinking, and not the expanded AL integrated sectoral systems thinking required to develop an efficacious strategy to affect change.

Though I conclude this research with a model that emerges as a means to shape the cognitive thinking of MPR to free them from their parochial thinking, I may mislead the readers to thinking that I have provided the only answer to the issue of PA deficits. I have emphasized that decision-making is rule bound (functions), and that if they follow my recommendations, or at least are conscious of them, then change will occur. But will those who read this inquiry see the case as I see it?

The very nature of case study research is subjective. It is an exercise of depth in order to provide my views of what I see, with some anticipation it will provide insight

into the complexities of the phenomena of AL in MPR with the anticipated expectation that MPR will improve its capacity to affect change. Nevertheless, in attempting to achieve depth, potentially the inquiry resulted in too much breadth distracting from the intent of the research. Yet, in the end that is for the reader to decide.

Future Research

This section identifies several future directions, which stem from this research. First, although this research focuses on MPR, as the key actor, it is recommended to fully analyze the relationship between MPR and community stakeholders representing the social and health sectors. A great need exists for more crossover involvement of these three sectors to affect change. Because of ethical limitations, regarding observation of participants, I did not emerge myself so much into this promising intervention of collaboration.

However, a need exists to know what AL collaboration looks like. Future research could follow this scenario. First, focus on advocated solutions proposed by each sector focused on the problem of PA deficits. Then do not converge the ideas, but converge the stakeholders to analyze what forthcoming solutions emerge in a face-to-face stakeholder meeting focused on the same problem. Then, analyze the emerging ideas to see what convergences and divergences there are between those of the same mindset of the first group's observations, and those of different mindsets of the second group's observations.

Second, infrastructure emerges as the key solution to eradicating PA deficits for MPR. Because MPR is locked into a heavy dollar investment, and the dollar investment is eminent, more research is needed focused on what facilities increase more PA

opportunity. As dollars are invested into various infrastructure projects, each of the projects should be analyzed to see which emerges as sustaining more PA opportunity for constituents. That is, compare one project against another, e.g., a new swimming pool versus a new arena. Or a swimming pool versus a trail?

Third, if MPR is to become a more efficacious effector agency focused on PA deficits, I recommend future research be action oriented, tied to new funding. Whether it is new program, special event, or infrastructure funding, research funding should be better linked to evaluating the decision-making processes used, purposively targeting the decision-making towards PA outcomes. Then, emerging lessons learned can be shared to shape best practices.

Fourth, because health is a social issue and this case is rife with social problems, further research is needed to document the misappropriated balance within the system with regard to PA. Wendell et al. (2007) provides a framework for collaboration between health and MPR to study disparities in PA. More needs to be learned about what an inclusive efficacious strategy entails.

Conclusion

This study provides an in-depth look into the phenomenon of AL in MPR in the context of one community. The detail complexity of the ideal state of Sallis et al.'s (2006) social ecological model (see Appendix A) provides the a priori focus on AL decision-making illuminating the opposing forces of AL and MPR decisions; two dynamic forces that are constantly evolving in time and place; continuously creating tensions between what is and what ought to be. What should an efficacious MPR strategy aimed at PA deficits within an AL approach look like?

This study demonstrates there is no definitive answer; nevertheless, the emergent analogous logic model (see Figure 3) demonstrates visibly, how MPR can effectively balance the tensions with an improved decision-making process. The emergent logic model, along with the discussions in the findings, conceptualizes relevant and appropriate interventions to affect PA behaviour change within an AL approach.

This study shows there are many factors that shape and influence MPR's control of decisions over the environmental and policy determinants of PA in a community. Nevertheless, if MPR efficiently and effectively *planned* for a healthy livable community, they can provide the required *leadership* to improve health *benefit outcomes* (see Figure 3). Then through a *learning process* involving open dialogue and *competent decision-making* inside the MPR delivery system; balanced with a learning process involving open dialogue and competent decision-making outside its system MPR can affect change.

This study explains the fact that MPR is an effector agency. However, its potential to affect change is greater than it realizes. If MPR decision-makers believe their resources are being jeopardized and their services compromised, they ought not to be. They only need to *tinker* away at the system, applying and integrating the four management trends (learning organizations, outcomes-based management, strategic management [planning] and leadership, and competency based management) advocated by Hurd et al. (2008). But not within the terms of growing MPR services. Management efforts should be directed at balancing itself within the open system in a community context.

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APPENDICES

Appendix A Figure A1 Ecological Model of Four Domains of Active Living

Appendix B Table A1 Key Target Interventions to Affect Change

Appendix C Figure A2 Basic Types of Designs for Case Studies.

Appendix D Table A2 Ontario Heart Health Program Informant's Data Sorted into the MPR Template

Appendix E Table A3 MPR Informant's Data Sorted into the MPR Template

Appendix F Table A4 Data Collection Matrix

Appendix G Table A5 Documentation Types

Appendix H Figure A3 Ontario Heart Health Program Recruitment Poster

Appendix I Figure A4 Ontario Heart Health Program Focus Group Recruitment Poster

Appendix J Table A6 Ontario Heart Health Program Recruitment Letter

Appendix K Table A7 Ontario Heart Health Program Confirmation Letter

Appendix L Table A8 Consent Form

Appendix M Table A9 MPR Letter of Invitation

Appendix N Table A10 MPR Personal Letter of Invitation

Appendix O Table A11 Ontario Heart Health Program Informant's Executive Summary

Appendix P Table A12 Sample Member Checking Letter

Appendix Q Table A13 Dialogue Interview Guide

Appendix R Table A14 MPR Interview Guide

Appendix S Table A15 Research Ethics Board Approval

Appendix T Figure A5 The Flow of Inquiry

Appendix B

Table A1

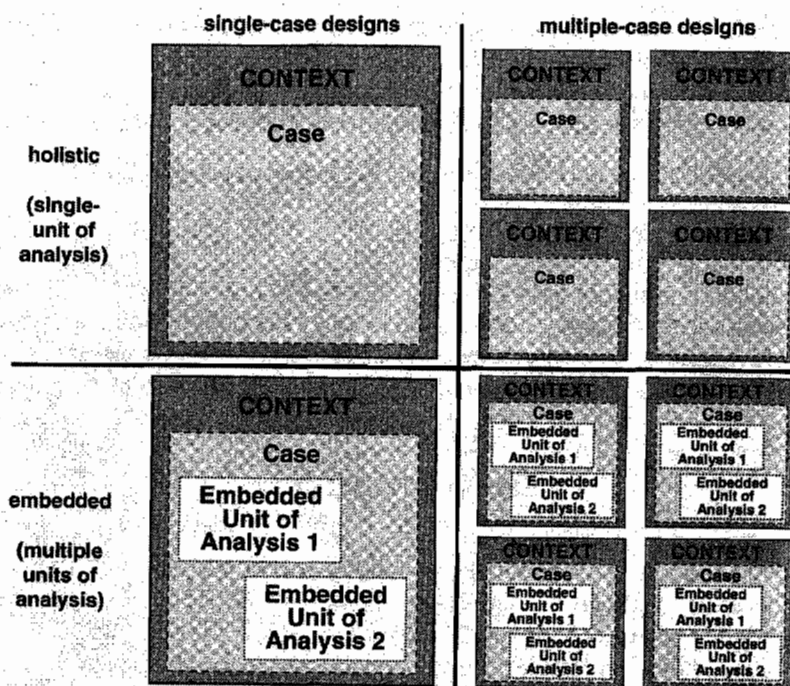
Key Target Interventions to Affect Change

KEY TARGET LAYER	INTERVENTION
1) Introduce incentives targeted at the internal layers intrapersonal and perceived environment (Figure 1 – [1] and [2]).	Give awards to park and recreation departments that are most effective in promoting PA, thus promoting MPR's community role.
	Subsidize memberships for recreation facilities
	Pay mileage costs for employee transport by bicycle.
	Reduce insurance rates for active and fit employees.
	Reduce safety concerns inclusive of potential PA injury and perceived safety.
	Reduce crime and the perception of crime.
	MPR to insure social and physical barriers do not become obstacles to individuals wanting/needing to practice PA.
2) Introduce constructive incentives targeted at the behavioral settings (Figure 1 [4]).	MPR take a lead role inventorying and communicating all the public and private PA opportunities that exist in a community.
	Build walking/biking trails that connect homes to recreation centres, places to work/school.
	Build recreation amenities closer to people's homes.
	Separate buildings from parking lots by green space.
	Develop more electronic games for children that require activity.
	Provide more bike carriers on buses.
	Provide more parks and supervised programs for children and adults.
	Provide mixed types of physical amenities, such as trails, parks, open spaces, golf courses, and

- natural settings than recreation centres, exercise facilities, and sport facilities.
- 3) Establish public policies (Figure 1 [5]) that regulate sectoral influences in other layers to strongly adjust the interconnected impact.
- Increase financial support for MPR to target PA promotion programs, and walking/biking trails,
- Mandate building codes, such as MPR facilities be within a 10-min walk of all recreation facilities.
- Address plan regulations aimed at transportation access to recreation facilities.
- Provide a supporting role to MPR to educate people PA is good for them, as well ways to become active.
- 4) Focus on incentives in support of the uniqueness of the local natural environment factors (Figure 1 [8]).
- In areas with frequent cold weather provide resources for winter activities, e.g., skating, cross country skiing;
- Provide recreation centres in hilly areas in each valley connected by walking/bicycling trails through the valleys.
-

Appendix C

Figure A2. Basic Types of Designs for Case Studies.



Yin (2003)

Appendix D

Table A2

Ontario Heart Health Program Informant's Data Sorted into the MPR Template

Parks and Open Spaces

1. Balance the efforts made for tourists with the needs of constituents. Pay more attention to constituent's need for trails closer to home.
2. Consider a variety of features in parks that would engage people in different ways.
3. Consider more "passive parks for seniors, there are...a lot of [seniors] who want to walk, ...or have a nice bike ride."
4. Consider the proximity of parks to where people live. When the parks are close "we use them". If a trail connects to down[] "we use it."
5. Consider trails that connect facilities across municipal boundaries. In one instance, direct access to an outdoor rink in one community, will be literally disconnected from residents in an adjacent community, because of a new housing development.
6. Creative solutions need to be explored with qualified facilitators. For instance, some motorized activities, such as water skiing are physically demanding. When motorized restrictions are placed on a waterway, consideration to the restriction should go beyond motorized and non-motorized to valuing the interest of physical activity in its many forms and functions. Similarly, where motorized vehicles, such as all terrain bikes, are welcome, are the ideal spaces for hiking, biking and horseback riding.
7. More trails for running, there are "lots of nice roads, but as any runner will tell you it's a lot easier on the legs running on trails [that are natural, asphalt is the next best option, but-- not concrete] than running on the roads."
8. Need to develop more inner city trails, especially on the west side of the region.
9. Promote the use of parks, as more than just "the lungs of the city."
10. Provide a balance of parks and open spaces for all types of physical activities. In some cases, too many restrictions have been placed on where some types of physical activity can take place. For instance, over the years the allocation of space to horseback ride, has been reduced and reduced again, making way for other types of physical activity sports, such as hiking, and mountain biking.
11. "Offer winter activities that can be done in parks...if we need to be outside in order for our kids to be more active then with our climate we should have some fun activities in our public parks...outdoor skating rinks, snow sculpture events, cross country skiing." [#2 response]
12. Provide information where horse back riding can take place, rather than signs saying "no horseback riding in this area". A more positive attitude would go along way to supporting a number of physical activity opportunities.
13. Why not dog off leash dog parks? "It was a hot topic at [municipal] council when our daughter [] was visiting a few years back and she was astounded that a city the size of [this city of approximately 100,000] was only beginning to discuss the creation of one and on the first time around rejected the idea. Whereas Edmonton with a population of about a million has about forty such parks with ongoing demand for more. They are not fenced cages [like the one we have here]. They are very popular with seniors and provide [a] social gathering place. As far as I am aware in [this regional municipality] [one municipality] has the only one. However, [another municipality] may claim they have [one] which I don't think is a public park. I think it is Federal land."

Facilities¹

1. Provide more ice rinks. "When you are young you get the prime time, but, obviously there aren't enough facilities, because as you get older, the 14 and 15 year olds are all of a sudden playing hockey at 10:30 and 11 o'clock at night, and as they get older they get ice time after midnight. It doesn't really fit with their day."

¹ In a recent survey (2007) conducted by the upper tier of government there is a discussion on facilities i.e. there is a demand for better youth facilities; however, the results state there are sufficient recreation and senior facilities, discussed in detail on page 10/ The survey and discussion paper are available online at ...

2. Recognize that facilities and infrastructure for outdoor sports can also mean the streets for bicycling and the rivers and lakes for canoeing and kayaking.
3. Learn from the decisions of the past. Evaluate decisions. Recognize the poor geographical placement of facilities.
4. Provide more times for free – unstructured – swimming and skating.
5. Beware that some people – young and old – are intimidated by the new multiplex facilities, the parking and the change rooms and the mere size of the buildings. Consider a Smart Start program similar to what other places have done.
6. Augment the development of multiplex facilities with neighbourhood facilities. The larger facilities have tended to replace more local recreation activities.
7. Waive admission to facilities for special days, such as Children's Day.
8. Design facilities that interconnect parents with their children, where both have opportunities to do physical activities, for instance tread mills and other similar types of equipment facing the pool where children are taking swimming lessons. This idea can also be applied to playgrounds, that is, providing adults with adult playground equipment (a relatively new product on the Canadian market based on a Chinese concept) facing the children's playground, thus providing opportunities for both the adult and child to be physically engaged.
9. Plan leisure facilities with various elements including sport medicine, rinks, and pools.
10. Access to school facilities, through the Community and Schools program, as alternative recreation spaces, is improving; however, issues of liability are restricting access in some cases.
11. "work with school boards to offer free after school programs at schools...staffed/volunteers from parks and rec. working together to make activities available for kids." [follow up #2]
12. Embrace and value the constituent's, as well as visitor's and tourist's, eyes on crime and matters of maintenance, as well as other related issues with signage that reads "should you see problems or have concerns regarding this facility please call (phone number)." This openness to problems and issues also applies to the debris, such as glass on streets within bicycle lanes (marked or not).
13. Recognize that the multi-facility complexes built away from downtown cores are similar to the big box mentality of building super stores. Question how to bring services back to walking and bicycling accessibility of constituents. "Facilities are not strategically located". [Informant # 1 references this issue from another perspective in her response letter- "a lack of walking friendliness of the 'big box' complex phenomenon."]
14. Understand that new facilities in some cases have become "middle class public clubs" the cost for a swim is exorbitant compared to other public services.
15. Rethink the need for an indoor swimming pool as a new leisure pool that is a tourism destination facility combined with other water sports close to a lake.
16. Where are the facilities for seniors? Are there facilities strategically located within easy access of where seniors live?
17. It is recognized that Parks and Recreation Ontario (PRO) is lobbying for funding to improve the state of recreation infrastructure. However, it needs to be reiterated that some constituents are concerned with the quality and the age of the infrastructure. "I'm aghast at the quality of the facilities here...it's shocking!" Several arena facilities do not have acceptable girls change rooms, considering the growth of girl's hockey. The one municipal indoor pool, attached to a school, should "be condemned it's so bad."
18. Recognize the service of a facility beyond the political boundaries. A cultural partnership project with the local university (whose address is in one municipality and its parking lot in another) first has to start with one municipality on the lower level (because the upper-tier government is not responsible for culture), but eventually the upper-tier will need to come on board, because the project – a university one – is regional.

Programs and Services

Beyond the Arenas and the Swimming Pools

1. Be cognizant of the fact that children are twice as active outside than inside. How can program development capitalize on this idea?²
2. Provide supervised activities in parks and open spaces. For instance, a children's play day or a SUP Park Program as is done in an adjacent community. Draw upon trained and qualified volunteer resources.
3. Consider the theme of the environment and "green" along with programs and services, especially programs and services targeted at youth who are attracted to these important issues.

² The City of Mississauga is doing just that, changing their thinking about the use of parks and open spaces.

- Promote unstructured activities, such as walking and bicycling.

Leadership

- Research should set the tone for decision-making.
- Role modeling of a healthy lifestyle by the Mayors on the lower-tier, as well as the upper-tier is very important.
- Partner with the upper tier level of government, who has the socio-economic data on the families, seniors and children who live below the poverty line to match people to recreation opportunities or/and to provide subsidies.³
- Collectively, all MPR should work together. For instance, pilot a new initiative in one community, evaluate it and share the observations and results with others, and then customize the new initiative to meet the needs of other communities.
- Develop volunteer opportunity ideas for organizations, such as big brothers and big sisters, where to take their little brothers and sisters for physical activity opportunities, including facilities, such as the Y, but also places to walk and bike. Intervention could go as far as helping a child to develop new skills, such as horseback riding.
- Explore the issue of colloquialism found in sport leagues and cultural programs that restrict cross municipal constituent participation.
- Applaud the efforts of the role modeling of the percentage of people who are physically active, in a program similar to the bicycling award program.
- Four year terms of municipal government help leverage the development of physical activity opportunities within this time frame.

Families

- Focus on the family, as an interconnected unit; many of the programs and services focus on the child or the parent. "Open swimming" is a great opportunity to be together, but there could be more, such as family dance programs, family yoga programs, or family aerobics.

Sports

- Develop a program to support the traditional sports that have been part of the local culture. Some of the traditional sports, such as baseball are losing favour for other activities, such as soccer, but does that mean these traditional sports should not be supported. Support unstructured sport activities, such as bicycling and walking, as much as structured activities, such as hockey and soccer.
- Broaden the opportunities for sport opportunities. For instance, the soccer association is evaluating soccer fields across the region, regardless of municipality, to ensure increased access for soccer. Why can't sports organizations work together to expand the opportunities to ensure a repertoire of sports activities across the region?

Culture

- Art related activities⁴ offer an alternative to sport types of physical activities, such as dance and drama. Cultural activities, as sport activities provide the opportunity to build self-esteem and develop social skills, which may lead to individuals to participate in sport type activities or vice versa. Cultural activities provide alternative opportunities that potentially will engage people, young and old, in physical types of activities with comfort.
- Consider other potentially hidden opportunities, such as museums that specialize in recreating the past with a focus on learning. "Maybe there's ways of helping people understand what the pioneer had to do in a day's work...then walk that many steps that person would have done. As there certainly wasn't a lot of obesity in [the] 1800s!"

Organizations

- Recognize and embrace, perhaps through partnerships, organizations that extend beyond the political boundaries of the municipalities. Many organizations are formed for the convenience of a facility within a municipality; however, there are municipal activities that may be regionally specific. For instance, the bicycle club is regional with a postal address in one municipality, but actively engages constituents across the region. The same holds true for some cultural organizations, such as the symphony that performs outside of its postal code address to others in other municipalities.

³ Community services operates on the upper tier, whereas MPR operate on the lower tier.

⁴ Culture has been identified as the fourth pillar of sustainability – economic, social, environment AND culture.

2. Acknowledge the volunteer efforts of organizations, such as bicycle, horseback riding, and kayaking clubs, that are not generally recognized by present day MPR within their respective boundaries, for the positive influence they have had on opening up physical activity opportunities for local constituents to enjoy and participate in, such as off-road and on-road trails and waterways throughout the region.
3. Consider programs and services that focus on fun rather than just on sport skill development.

Special Events

1. Promote latent opportunities in the respective communities for walking, such as heritage and arts festivals⁵ that attract a couple of thousand visitors to over twenty thousand visitors.
2. Continue to facilitate new physical activity special event opportunities put forward by [], such as the World Record Walk.
3. Develop a youth triathlon event using available community resources.
4. Provide an electronic calendar of special events, inclusive of arts and sports events – private, public and non-profit – for all constituents across the region not just for tourists.

December 2007

Post script: This is an excerpt of the data analysis shared with each of the Ontario Heart Health Program Informants. The data includes first order data and direct interpretation. For purposes of confidentiality and anonymity some changes have been made, as well data drawn from this document may not differentiate between the first order data and the direct interpretation.

Appendix E

Table A3

*MPR Informant's Data Sorted into the MPR Template***Parks and Open Spaces**

1. Identify initiatives that fit with the mandate of council; initiatives that can leverage opportunities to bring life and vitality back to the community. With a major focus on decaying infrastructure, a program, such as Canada Blooms mobilized one community to focus on neighbourhood volunteer clean-ups.
2. Retrofit parks and open spaces to meet the current leisure trends.

Facilities 6

1. Be persistent, when good ideas come forward that may not materialize on the first try (which sometimes can take several years). For example, in one community the idea of building of a skateboard park for the youth is at present being resurrected with new enthusiasm. The environments within which projects are proposed are constantly shifting.
2. Continue to pursue non-profit/public and municipal partnerships to build needed indoor pools, especially as a winter physical activity opportunity (there is only one indoor public pool in the region, three indoor Y pools, and one university indoor pool).
3. Provide the facilities that people need to recreate in and promote them.
4. Provide a major repair and replacement reserve for municipal recreation and arts facilities. "Don't build anything without a reserve.", for example "when things go wrong at the arena, they're not \$100 [problems], they're \$80,000 to replace or \$50,000... For a trail, don't just set aside \$5,000," you need to seriously consider the maintenance costs, if you want to maintain a high standard of operation for opportunities for constituents to practice physical activity.
5. Provide as many facilities as MPR possibly can..."we believe that if we build ...[trails, community centres, sports facilities]...they will use the facilities."
6. Understand how home recreation facilities, such as swimming pools complement public pools – a rationale for public pools. For instance, children, generally learn to swim in public pools, so they can safely enjoy their own backyard pools. Children then have the opportunity to practice physical activity every day during the warmer months, and may continue their interest in swimming by achieving higher levels of qualifications (offered at 'public' pools) required for an aquatic career for (1) life guarding in a public pool, at a water park, or at a hotel pool (2) and swimming instruction.
7. "Public health is a provincial issue (funded by the province) the province should be more active allowing residents to utilize school facilities (education is funded provincially)...so that municipalities could include these assets as parks/gyms for physical activity...[perception] currently Ontario very little support from the province (schools to participate)" (response #2)

Programs and Services

⁶ In a recent survey (2007) conducted by the upper tier of government there is a discussion on facilities i.e. there is a demand for better youth facilities; however, the results state there are sufficient recreation and senior facilities, discussed in detail on page 10/. The survey and discussion paper are available online at ...

1. Explore a variety of means of delivery services to meet the needs of the community. One informant expressed a concern that community development – at least the technical approach – was not as effective as it once was.
2. Avoid the duplication of services that are already effective, for example, why set up a municipal bicycle club when there is already two – racing and touring – at the regional level.
3. Balance the new trend of increasing physical activity programs with other programs that are more sedentary, recognizing the importance of both program types.
4. Build physical activity into present programs.
5. Consider an internal policy that every program would offer a component of guaranteed physical activity, for example 10% of the time, based on sourced best practices.
6. Dividing up the management responsibility between programs and services and infrastructure and maintenance into two departments emphasizes the importance of recreation to constituents. This division can be considered as a holistic approach with two departments responsible for bringing forward ideas to municipal council for discussion and debate.
7. MPR should be using the community resources, such as organizations, clubs, public and private facilities to promote healthy living. MPR has a very definite role to play in health.
8. Partner to ensure affordable programming.
9. Provide equipment, such as skates, for those unable to purchase their own, so they too have an opportunity to experience a physical activity otherwise not affordable to them.
10. Reward constituents, at the level of municipal council, who enjoy themselves in whatever type of physical activity they engage in. For instance, swimming the most times than any other constituent in the community in the month of July (attendance would be the performance indicator).
11. Share program ideas. "Nobody can be an island, we all have to work together".

Special Events

1. Outsource special events to an arms length non-profit organization, a strategy that opens opportunities for event funding not otherwise available to government municipalities. MPR can continue its involvement through the public works side of its operation providing the needed infrastructure for events, such as stages and other related resources.
2. Participate in organizing and promoting events focused on physical activity, such as the World Record Walk, organized through Public Health and other health related organizations.

December 2007

Post script: This is an excerpt of the data analysis shared with each of the MPR Informants. The data includes first order data and direct interpretation. For purposes of confidentiality and anonymity some changes have been made, as well data drawn from this document may not differentiate between the first order data and the direct interpretation.

Appendix F

Table A4

Data Collection Matrix

ENVIRONMENT	INTERVIEWS	DOCUMENTS	OBSERVATION
<i>AL DOMAINS [3]</i>		Yes	
Partnerships	Yes		
<i>EXTERNAL ENVIRONMENTS</i>			
Behavioural Setting [4]	Yes	Yes	Yes
Policy Environment [5]	Yes	Yes	
Information Environment [6]		Yes	
Natural Environment [8]	Yes	Yes	
Social Cultural Environment [7]	Yes	Yes	
<i>INTERNAL ENVIRONMENTS</i>			
Perceived Environment [2]	Yes	Yes	Yes
Intrapersonal [1]	Yes	Yes	

Appendix G

Table A5

Documentation Types

TYPE	NUMBER FILED	CITATION	COMMENT
Newspaper Article	40 (filed manually by date)	If a newspaper article is cited, the corresponding day and year is included in appropriate chapters.	Articles are source primarily from the larger community within this case study.
Brochures, pamphlets, power point presentations, policy documents, reports, mailing list, maps, resident survey, etc.	100+ (organized by political unit)	When a primary source of this nature is cited in the thesis, it is referenced with the corresponding year it is created because of ethical implications. When the ethics are not compromised, the document is cited and referenced. In some cases the document may be cited as a personal communication.	
Leisure/Community Guides	15 ranging in dates from 2007 to 2008.	When a guide is cited collectively the years 2007 – 2008 are used. If only one is cited, the guide is referenced as A, B, and so forth with the corresponding year.	Used as a primary source to orientate the MPR resources in each community, as well as guide the initial stages of the research.
Master Plans	4	When a master plan is cited in the thesis, it is referenced as Master Plan A, B, C, or D, the corresponding year published, with the specific page number.	
Channeled	<i>Examples include:</i>	All the references are	These are examples

References	<p>Cresswell</p> <p>Karlis McDavid and Hawthorn</p> <p>Neuman</p> <p>NRPA Recreation Programing</p> <p>Patton</p> <p>Searle and Brayley</p> <p>Senge</p> <p>Smale and Reid</p> <p>Stake</p> <p>Yin</p>	cited accordingly in the thesis and listed in the reference section.	of some of the primary sources that have been referred to me either directly by committee members, or through university courses taken.
Electronic	<p><i>Sample documents include:</i></p> <p>Association of Bicycles of America</p> <p>CFLRI</p> <p>LINNEWS</p> <p>National Parks and Recreation Association</p> <p>Ontario Heart Health Program</p> <p>PARC OPHEA</p> <p>Parks and Recreation Ontario</p> <p>Public Spaces</p>	If cited, the in text reference is listed as a personal communication, with the corresponding year. If no issue of ethics is determined the author is revealed.	These are a compilation of invisible colleges, and electronic newsletters, listservs. Most are buried in the understanding of the case.
Peer Reviewed Journals and Conferences		Cited according to APA..	
Third Sources	Penfold	If no issue of ethics is determined the author	The majority of the documents deemed

Local Historians

is revealed, otherwise
only a general
reference is made of
the document., and its
type.

confidential, are
buried in the analysis.

Appendix H

Figure A3. Ontario Heart Health Program Recruitment Poster

-
- Parks & Recreation & Physical Activity
Participants Needed for a Research Study
-
- The impact of sedentary lifestyles is causing a health crisis in xxxxx. What is the role of parks and recreation for advancing healthy lifestyles and liveable communities? How can municipal parks and recreation support Health Canada's Active Living Agenda?
 - If you are a member, a staff person or a volunteer with any one of the Ontario Heart Health Program listed below and **are over the age of 18** you are invited to participate in a focus group or interview (45 – 60 minutes in length).
 - For more information please contact: Virginia Stewart, Principal Investigator, MA Candidate, Department of Recreation and Leisure Studies, Faculty of Applied Health Sciences, Brock University at (905) 988-6058 (voice mail)
 - List of Partners

Modified version.

Appendix I

Figure A4. Ontario Heart Health Program Focus Group Recruitment Poster

You are Invited to a Focus Group

Active Living: How Can Municipal Parks and Recreation Facilitate Health Canada's Active Living Agenda?

If you are a member, a staff person or a volunteer with any one of the [Ontario Heart Health Program Partners] listed below and are over the age of 18 you are invited to participate in a focus group (45 – 60 minutes in length).

Date: Monday, October 15, 2007

Time: 10 a.m.- 11:00 a.m.

Where: []

R.S.V.P. Virginia Stewart, 905 988-6058, bvstewart@sympatico.ca

Parking: Thank you to [] there is ample free bicycle parking, car parking will cost you, make sure you have the right change, but this choice will allow you to get your minimum 10-minute chunk of daily physical activity, and bus transit runs regularly every 15 minutes from downtown [Donutville] and brings you to the [] The logistics of venturing across [] by bus might be a challenge.

OR

Date: Wednesday, October 17, 2007

Time: 1:30 p.m. – 2:30 p.m.

Where: Community Room []

R.S.V.P. Virginia Stewart, 905 988-6058, bvstewart@sympatico.ca

Parking: Free bicycle parking and paid car parking is provided at the back of the Centre. Transit is available; the logistics of venturing across [] by bus might be a challenge, but City Transit has to be applauded for improving its accessibility (see the City of [] website).

OR

Date: October 19, 2007

Time: 10 a.m.- 11:00 a.m.

Where: [Municipal Hall]

R.S.V.P. Virginia Stewart, 905 988-6058, bvstewart@sympatico.ca

Parking: Bicycle parking is provided in front of [municipal hall]. Ample car parking in the [Municipal Hall] visitor's parking lot. Bus transit is available; however, the logistics of venturing across [] to a meeting by bus might be a challenge.

Note: If these times are not convenient please contact Virginia Stewart to make alternative arrangements or to set up a personal interview.

Participants are free to not consent to participating in the study and can withdraw at any time. This study will be conducted as a graduate thesis under the supervision Drs. Scott Forrester (905) 688-5550 ext. 424 scott.forrester@brocku.ca and Martha Barnes (905) 688-5550 ext. 5011 martha.barnes@brocku.ca AND has been reviewed by, and received ethics clearance through, the office of Research Ethics, Brock University's Research Ethics Board (File#06-320 STEWART).

Note: This poster has been edited to protect the anonymity of the participants.

Appendix J

Table A6

Ontario Heart Health Program Recruitment Letter

Hello:

You are invited to participate in my research about places to play, as a member of one of the [Ontario Heart Health Program] partners. Obesity is a problem and physical activity is a solution. My research is examining Places to Play within its broadest sense of understanding *at home *at work *at school and *on the way, including the traditional understanding of places to play, both structured and non-structured, passive and active. The formal title of the study is Active Living: How Can Public Leisure Services Facilitate the Active Living Agenda. The purpose of the research is to describe and analyze the policy role of active living in municipal parks and recreation within its most extensive area of responsibility including trails and other open spaces, and facilities (cultural and sport), as well as other areas of responsibility.

By participating in the research you will be given an opportunity to share your thoughts and opinions about obesity and municipal parks and recreation's role in respect to this major social issue. As well you will be asked for your ideas what municipal parks and recreation can do to maximize opportunities for people to practice physical activity and what your potential role as a stakeholder is.

Your contribution to this study will take less than 60 minutes out of your busy schedule. You can participate in 2 ways over the next few days: in a focus group or an interview. (1) Several focus groups are being set up in strategic locations including [1] [2] (2) Personal Interviews can be arranged at your convenience: at your work place or away from your work place; during the day between 9 & 4 or in the evening between 6 & 9; or on the weekend. What ever your preference.

The attached documents – a letter of invitation & an informed consent form – give you more details regarding your involvement. Please contact me with any questions you may have. The latter form, if you agree to participate, requires your signature and needs to be submitted to me prior to your involvement in this research project.

Thank you

Virginia

Virginia Stewart
MA Candidate
(905) 988-6058
bvstewart@simpatico.ca

Note: This letter has been edited to protect the anonymity of the case.

Appendix K

Table A7

Ontario Heart Health Program Confirmation Letter

[Name]:

Thank you for your interest in the focus group session at [site, date, time, room #], as a member of one of the [Ontario Heart Health Program] partners (name of partner). The attached documents – a letter of invitation & an informed consent form – give you more details regarding your involvement. Please contact me with any questions you may have. The latter form, if you agree to participate, requires your signature and needs to be submitted to me prior to your involvement in this research project. Turning it in to me at the beginning of the focus group is acceptable.

If for some reason you cannot participate in this focus group, see the attached focus group schedule, for other opportunities. Another option is a personal interview that can be arranged at your convenience: at your work place or away from your work place; during the day between 9 & 4 or in the evening between 6 & 9; or on the weekend. What ever your preference.

My research focuses on obesity as the problem and physical activity as the solution. My research is examining Places to Play within its broadest sense of understanding *at home *at work *at school and *on the way, including the traditional understanding of places to play, both structured and non-structured, passive and active. The formal title of the study is Active Living: How Can Public Leisure Services Facilitate the Active Living Agenda. The purpose of the research is to describe and analyze the policy role of active living in municipal parks and recreation within its most extensive area of responsibility including trails and other open spaces, and facilities (cultural and sport), as well as other areas of MPR responsibility.

By participating in the research you will be given an opportunity to share your thoughts and opinions about obesity and municipal parks and recreation's role in respect to this major social issue. As well you will be asked for your ideas what municipal parks and recreation can do to maximize opportunities for people to practice physical activity and what your potential role as a stakeholder is.

Thank you
Virginia Stewart
MA Candidate
(905) 988-6058
bvstewart@simpatico.ca

Note: This letter has been edited to protect the anonymity of the case.

Appendix L

Table A8 Consent Form

Date:

Project Title: Active Living: How Can Municipal Parks and Recreation Facilitate the Active Living Agenda?

Principal Investigator:

Virginia Stewart, MA Candidate

Department of **Recreation and Leisure Studies**

Brock University

(905) 988-6058; bvstewart@sympatico.ca

Faculty Supervisor(s):

Drs. Scott Forrester & Martha Barnes

Department of **Recreation and Leisure Studies**

Brock University (905) 688-5550 Ext.

(4247) scott.forrester@brocku.ca;

(5011) martha.barnes@brocku.ca

INVITATION

If you are over 18 years of age you are invited to participate in a study that involves research. The purpose of this study is to describe and analyze the role of active living in municipal parks and recreation. This study is a single case policy evaluation study of Parks and Recreation Services in[].

WHAT'S INVOLVED

As a participant, you are invited to participate in a focus group or a personal interview. Participation will take approximately 45 – 60 minutes of your time. With your agreement, we may want to contact you again in several weeks to ask you another set of similar questions to clarify or add to the data. You may decide at that time whether or not you wish to participate in that part of the study. Please be advised that you are free to not consent to participating in the study and can withdraw at anytime.

POTENTIAL BENEFITS AND RISKS

Possible benefits of participation include the scientific community will benefit by having a case study of how local municipal parks and recreation can facilitate active living. Researchers in leisure studies are only at the infancy stage of recognizing the potential of leisure's role and responsibility to help people become physically active. Municipal parks and recreation, a social institution that affects health will benefit from understanding its conceptual and pragmatic responsibility to its constituents as it relates to policies that influence the environment within which active living is practiced. There are no known or anticipated risks associated with participation in this study.

The theme of the discussion is places to play. You will be given an opportunity to share your thoughts and opinions about obesity and municipal parks and recreation's role in respect to this major social issue. As well you will be asked for your ideas what municipal parks and recreation can do to maximize opportunities for people to practice physical activity and what your potential role as a stakeholder is.

CONFIDENTIALITY

General Information Collected

All information you provide is considered confidential; your name will not be included or, in any other way, associated with the data collected in the study. Furthermore, because our interest is in the average responses of the entire group of participants, you will not be identified individually in any way in written reports of this research.

Interview

The session will be audio taped. The information you provide will be kept confidential. Your name will not appear in any thesis or report resulting from this study; however, with your permission, anonymous quotations may be used. Shortly after the interview has been completed, I will send you a copy of the executive summary to give you an opportunity to confirm the accuracy and to add or clarify any points that you wish.

Data

Data collected during this study will be stored electronically on the researcher's personal computer for a period of at least one year. Since the researcher's home computer is part of a wireless home network, the researcher has taken the following steps to ensure a reasonable level of security for the study data: (1) a hardware based firewall is in place using Linksys WRT54G (2) each machine within the home network is password protected at login (3) access to the wireless network is limited to machines that have been configured using the media access control number for the wireless card (4) each computer accessing the home network is protected by the Norton software. Data will be kept for (insert length of time data will be retained) after which time it will be deleted. Access to this data will be restricted to Virginia Stewart, Dr. Scott Forrester, Dr. Martha Barnes and the transcriber, the last of whom has signed a confidentiality agreement.

VOLUNTARY PARTICIPATION

Please be advised that the Principal Investigator is a member of two of the HLN partners, as well is a member of the HLN management team and feels that her involvement will not provide a risk to her investigation. Your participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study. You are free to not consent to participating in the study and can withdraw at anytime (words deleted). Should you decide to withdraw from this study at any time you may do so without any penalty or loss of benefits to which you are entitled.

PUBLICATION OF RESULTS

Results of this study may be published in professional journals and presented at conferences. A copy of the complete thesis will be available in the Brock University Library. Feedback about this study will be available from Virginia Stewart, (905) 988-6058 bvstewart@sympatico.ca.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact the Principal Investigator or the Faculty Supervisor (where applicable) using the contact information provided above. This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University (File#06-320 STEWART). If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

CONSENT FORM

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-Consent Letter. I have had the opportunity to

receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: _____

Signature: _____ Date: _____

Original **x** Copy _____

Appendix M

Table A9

MPR Letter of Invitation

Members of []

It was a pleasure to meet several of you earlier this summer at a [] meeting, at which time I had an opportunity to present my research project. At that time a number of you had expressed interest in being interviewed and others certainly are welcome to participate. The research is progressing and I'm at a point that I would like to set up interviews for October. Attached is a formal letter of invitation.

My research is garnering some attention; please see the National Research Forum attached. An abstract for a presentation was accepted for the Canadian Parks and Recreation Association (CPRA) Conference Forum. I'll be presenting my work to date on September 26, 2007 in a poster format at the Conference in Ottawa. Perhaps we'll see you there.

Virginia Stewart
MA Candidate
Department of Recreation and Leisure Studies
Applied Health Sciences
Brock University
905 988-6058

Note: This electronic email is sent to the gatekeeper September 19, 2007, with two attachments, which the gatekeeper electronically circulates the same day.

Appendix N

Table A10

MPR Personal Letter of Invitation

Hello:

I will be in [your area on x date] and would like to extend an invitation to you to participate in my research project about places to play within its broadest sense of understanding of ways to play, both structured and non-structured and passive and active. The formal title of the study is *Active Living: How Can Public Leisure Services Facilitate the Active Living Agenda*. The purpose of the research is to describe and analyze the policy role of active living in municipal parks and recreation within its most extensive area of responsibility including trails and other open spaces, and facilities (cultural and sport), as well as other areas of responsibility.

By participating in the research you will be given an opportunity to share your thoughts and opinions about obesity and municipal parks and recreation's role in respect to this major social issue. As well you will be asked for your ideas what municipal parks and recreation can do to maximize opportunities for people to practice physical activity and what your potential role as a stakeholder is.

Your contribution to this study will take less than 60 minutes out of your busy schedule. Personal Interviews can be arranged at your convenience: at your work place or away from your work place; during the day between 9 & 4 or in the evening between 6 & 9; or on the weekend. What ever your preference.

The attached document – a letter of invitation – gives you more details regarding your involvement. I look forward to hearing from you early next week.

Thank you
Virginia Stewart
Virginia Stewart
MA Candidate
(905) 988-6058
bvstewart@simpatico.

Appendix O

Table A11

Ontario Heart Health Program Informant's Executive Summary

Places to Play: Maximizing Opportunities for People to Practice Physical Activity

Preface

Informants in many locations that make up the lower-tier government expressed an interest in participating in this evaluation project. One informant came from outside the municipality (upper-tier), but regularly spends her time in the area. As part of the interview and focus group process informants made suggestions how municipal parks and recreation (MPR) can maximize opportunities for constituents to practice physical activity.

Suggestions made during a two-week period in October⁷ have been compiled into the four main categories MPR are traditionally responsible for: parks and open spaces, facilities, program and services, and special events. Numerous suggestions were distinctive enough to be compiled into a separate category that has been titled 'setting the scene'. The distinction of these ideas from others is that they cut across the traditional MPR categories influencing physical activity opportunities in all the categories. The ideas were not ranked in importance, or any other way except to be sorted within each category alphabetically. Please note these ideas will be filtered through other frameworks, this first categorizing seemed to be the logical place to start, since the focus is on how can MPR facilitate the active living agenda.

In some instances, suggestions overlapped with someone else's ideas, and in other instances, a suggestion made in one interview was found to build on a suggestion from another interview. No judgments have been made whether a person's ideas were better than others. Nor was a judgment made whether the ideas supported physical activity everyday, for a minimum of 30-60 minutes, or whether the activity produced sufficient body movement by the skeletal muscles resulting in a substantial increase over the resting energy expenditure. The position taken is repertoires of activities are needed. As one informant said children's hockey once a week is a great activity and even then "they hardly get their heart rate up [for ten minutes] if they end up sitting on the bench."

Note the female gender was used, regardless whether a male or female made the statement⁸. References to any particular municipality, whether on the lower tier or upper tier has been avoided. Providing empirical evidence that each of these suggestions will maximize opportunities to practice physical activities is beyond the scope of this study project.

Setting the Scene

Building Capacity

1. Augment the affordability of different sport and cultural activities with potential financial partners, such as service clubs, and other levels of government. The cost of many activities, such as hockey, horseback riding, karate and dance lessons, is beyond the reach of many children across the region. The new federal child's fitness tax "is not going to cut it. That's going to help the parents that can afford to sign them up in the first place."
2. Be aware of the conflicting and confusing messaging. There are two connected issues, related to obesity, that need to be addressed: exercise and nutrition. Recreation facilities may provide opportunities for physical activity; however, the type of food sold is not necessarily nutritious. Consider replacing pop with water. Sell sport related equipment, for instance frisbees or other gaming equipment to make up the revenues that pop and snack machines now generate.

⁷ The temperature was above normal during this two-week stretch, reaching over 20 degrees Celsius some days. Each day the weather varied from cloudy to partially cloudy and rainy or sunny, to days of rain or sunshine.

⁸ Why not?

3. Consider for economic reasons working more to closely together, with other MPR staff, to provide more effective and efficient services.
4. Develop a regional recreation master plan. There have been instances where one municipality has turned down an opportunity to build a facility with a pool and a recreation centre, because the consultant based the catchment population on one municipality, despite the fact the municipal political boundaries are very blurred with a larger adjacent municipality "only a road divides them".
5. Focus more attention on the need to accommodate the new Canadians, as other nearby municipalities are doing. There is and will continue to be changing recreation interests, for instance, baseball and hockey to soccer and cricket.
6. Further an understanding what the qualifications of MPR staff are. MPR staffs need to be more transparent.
7. Identify the poverty issues and need for recreation neighbourhood by neighbourhood.
8. Leverage the cost of facilities and other recreation programming against the cost of health care. The statistics are there []. Why not tie in the cost of the facilities with workers compensation – in some places in Canada workers compensation, as a partner, paid a huge portion of the facility costs.
9. Listen and discuss the research! For instance, children are more active outside than in.
10. Make the suggestions brought forward from these interviews and focus groups available to all MPR through their own network organization.
11. Move away from "living in the past" and stop being so parochial in the decision-making.
12. MPR services need to be more open rather than exclusive.
13. Pay more attention to "David Foot": the senior demographics are growing! Consider senior's needs from a physical activity perspective. The community has "a huge migration of seniors coming [here] because the housing prices are affordable. People are retiring and moving from [the larger cities] to get out of the hustle and bustle...It's perfect for seniors to come to...see the homes being built..." Promote the health benefits of leisure as a necessity for all classes of society.
14. Question why the regional upper tier government is not involved in strategically investing in recreation facilities on a regional basis and leaving the responsibility to the municipalities on the lower level, who cannot afford to provide adequate services. "It is a huge duplication of effort instead of...combining their resources to plan strategically for recreation, and parks, and facilities... It is not a recreation issue, it is a health issue, and the health is regional, but why they don't then take this on...[shaking her head in disbelief]. They are so busy worrying about the hospitals, the clinics, the vaccinations...and they are not looking at these other broader issues [recreation] that should be part of their mandate...that are preventative."
15. Rethink the constituent consultative process. Increase the openness to new ideas through focus groups, invitations to submit comments on websites and so forth.
16. Strategically plan services to address the needs of the entire population, considering the integration of services at the local level from the ethnic specific services, to the Ys, along with the public services.
17. Target the special needs of families, seniors, adults and children below the poverty line (\$17,000 - \$26,000 annual income)⁹ so that recreation services are available. "A low income kid (20 km away) from the closest swimming pool, can't get to a swimming program... There is a need to find programs that are accessible to kids." However, the issue of low incomes is more complex than making it affordable, there are also social issues to support the child in getting to the programs and having an enjoyable experience.
18. Utilize [] as a conduit for learning more about the issues of obesity and how to address constituent's needs.
19. Where was the discussion about sport facilities in the development of the obesity strategy? "It makes you want...[to] shake your head."
20. Youth "always have such great ideas." Draw upon the advice of the Mayors' Youth Advisory Committees to come up with ways youth can increase levels of physical activity.
21. "Build on the [regional health] event...to involve all municipalities...bus families to the [major event] make it free." [follow up #2].

Communications

1. Collectively compile the leisure/services guide information into one major resource.
2. Information [] may be a communication source to explore.
3. Leisure/Community Services Guides are great, but there is a high literacy rate in this area.
4. Providing opportunities is only a part of the solution.

⁹ The poverty line is based on the family make-up, which changes over time.

5. Support federal government initiatives, such as the former ParticipACTION that communicates positive messaging to encourage physical activity.
6. School teachers can promote physical activity opportunities outside the school.
7. The trail maps in the leisure/community services guides are indispensable, but the maps don't provide a context within the community. That is, what do the trails link to and do the trails link to other trails in the next community.
8. Tie in green messaging with physical activity – bicycling and walking is easier on the environment and good exercise too!
9. Word of mouth communication should be recognized as an alternative means of communicating.
10. Consider the informal network of municipal parks and recreation leveraging three key initiatives, from a community development perspective, that can be achieved with the support of lottery funding. (1) develop a regional recreation master plan that takes into consideration the interconnected trails across political borders, (2) provide the checks and balances for monitoring the plan, and (3) consider collectively the potential of sports and recreation economic drivers of hosting regional tourism events.

Community Design [see also walking and bicycling]

1. Consider neighborhood facilities and services throughout the community rather than huge multiplexes.
2. Go beyond the partnership that shares just the expense of building a facility to include opportunities for people to walk and bicycle to the new facility destination regardless which municipality they live in and which municipality the facility is located in.
3. Question why we map out our communities with such great distances between the places to go to do and experience physical activities. Why can't physical activities be in close proximity to where we live?
4. Understand the issues of low levels of physical activity for one neighbourhood in one municipality are not the same in the other. A variety of solutions are required.
5. Where ever possible "provisions should be made to extend...[a] trail." Take advantage of an open window opportunity, which rarely comes, that is when rebuilding a major highway that creates barriers, consider the placement of tunnels or overpasses to accommodate cyclists and pedestrians. Thus, "leaving the busy roads...for motorized vehicles." [# 3 comment]

Transportation

▪ Motorized

1. Install more signs that support "share the road...giving motorists an idea that yes there are bicycles out here and yes they have every right to be out here...make motorists more aware ...[to] drive ...safely."
2. Provide a form of motorized transportation for children on the weekends, summer months, and other times of the year, such as March Break, to access sport and culture activities, as well as unique geographic places, such as beaches and the escarpment, not found in one municipality, but in another.
3. Reduce municipal transit fares for children and youth.

▪ Bicycle and Walking

1. Provide incentives for people who prefer to walk and bicycle than drive their cars to leisure destinations.
2. Provide subsidized bicycle panniers [baskets] for grocery shopping and other short trips, similar to how municipalities subsidize blue and grey boxes, composters, and rain barrels. Bicycling is as environmentally friendly as recycling programs.
3. Suggest bicycle routes to different destinations within a reasonable distance (e.g. 10 kilometer radius).
4. Support safe places to bicycle on city streets, where bicycling is allowed to take place, (regardless what tier of government is responsible for that road) through on-going maintenance, because "[cyclists] are being driven out of the [bicycle] lanes, because the lanes are ... filled with grit, and sand, and glass."
5. Understand outdoor physical activities from the unique perspective of the walker or runner. Concrete sidewalks are harder to run or walk on, the "driveways the ones that slope down [curb cuts] where you always find yourself on an angle" force you to run or walk on the road.

Weather

1. Provide newcomers who are used to snow activities and who find themselves in this community where there is relatively no snow with alternatives to traditional winter activities. The leisure/community services guide would be the reasonable source to find out about family and other activities, but not all communities have leisure/community service guides and for those municipalities that produce them, not every constituent receives them. For example,

in one community the guide is sent to the schools for the children to bring home, thus not reaching those without children.

December 2007

Post script: This is an excerpt from the first order data and direct interpretation shared with each of the Ontario Heart Health Program Informants. However, it may have been modified following the process of member checking. Data reproduced in the thesis may not differentiate between first order data and direct interpretation. To complete this one summary see Appendix D Ontario Heart Health Program Informant's Data Sorted in the MPR Template.

Appendix P

Table A12

Sample Member Checking Letter

Hello [name]:

Thank you for participating in my research project Active Living: How Can Municipal Parks and Recreation (MPR) Facilitate the Active Living Agenda. Some of you asked when you could view all the ideas. So without waiting until the very end of the research project, for those who are interested I will give you opportunities, through out the process to comment on the study. However, the time frame is very tight. Note that the attached document only includes suggestions made by yourself and others as Municipal Parks and Recreation staff NOT the constituents, who also have compiled a list. Both lists will be brought together at another stage of the study. Please take a few moments to look at the list. First, to see if all your ideas were captured. Second, to see whether or not the essence of your ideas is reasonably articulated. I made my best effort to capture the suggestions within a general context. Third, to add any new ideas you may have thought about since we last met. Fourth, you are welcome to add clarity to someone else's ideas.

In order to include any changes, I look forward to hearing back from you – **before Friday, October 26th**.

Note your comments into the document if you like (using a different colour font or with CAPS) or in a separate document. You are more than welcome to call me as well at 905 988-6058.

For those with a specific interest in facilities, I have included a link to the recent regional survey on facilities ...

Best regards,
Virginia Stewart
(905) 988-6058

Appendix Q

Table A13

Dialogue Interview Guide

A. Places to Play

Question for OHHP*: Tell me who you are and what types of leisure you enjoy. (Depending on when the interview was held, they were probed to share with me/the group what they did that weekend, plan to do next weekend. Additionally they were asked to draw or show me on a map of the area.)

Question for MPR: What great places to play do you offer people in your community? What makes these places so great? How do people get to these places? (Additionally they were asked to draw or show me these places on a map of the area.)

B. PA Deficits

Question for both informant groups: We've been talking about great places to play in your community, now I would like to ask you about a major social issue – obesity. You hear a lot about it these days. Take the statement. **Today's children could be the first generation...to have a shorter life expectancy than their parents.**

Question for OHHP: What does this statement mean to you?

Question for MPR: What does this issue mean to municipal parks and recreation?

C. AL Solutions

Questions for OHHP: Now, let's reflect back to the list of places to play, we discussed earlier, what should parks and recreation do to maximize the opportunities for people to practice physical activity in these places. *Then* What needs to be done for municipal parks and recreation to make these ideas possible?

Questions for MPR: Now, let's reflect back to the list of places, we discussed earlier, what should parks and recreation do to maximize the opportunities for people to practice physical activity in these places. *Then* What needs to be done for municipal parks and recreation to make these ideas possible?

*OHHP (Ontario Heart Health Program)

Appendix R

Table A14

MPR Interview Guide

-
- A. Value
 Tell me who you are, where you work and what you enjoy most about what you do.
Probe: What is it about parks and recreation work that attracted you to this profession?
- B. Context of Decision-making
 What aspect of parks and recreation are you responsible for?
Probe: Where do you fit into the system, who do you report to, who are you responsible for?
- C. Performance Evaluation
 How do you evaluate your work? How do you know you are on track?
Probe: Formative or summative, performance measures, outputs, outcomes, strategic plans and master plans?
- D. Interview Profile
 This set of questions is to give me some idea who I have interviewed. You are free not to answer. We will just move on to the next question. If you choose to answer, you can be very specific or respond in a very general way.
 Where do you live?
 Describe your ability to play? (Responses gleaned a variety of leisure activities they engaged in themselves, or with family and friends.)
 Describe your ethnicity?
 Describe your age?
 Describe your education.
-

Appendix S

Table 15

Research Ethics Board Approval

From: Research Ethics Board [mailto:reb@brocku.ca]
Sent: June 3, 2007 5:45 PM
To: bvstewart@sympatico.ca; scott.forrester@brocku.ca; martha.barnes@brocku.ca
Cc: mowen@brocku.ca; linda rose-krasnor
Subject: REB 06-320 STEWART- Approved

DATE: June 4, 2007

FROM: Linda Rose-Krasnor, Chair
 Research Ethics Board (REB)

TO: Scott Forrester, Martha Barnes, RECL
 Virginia STEWART

FILE: 06-320 STEWART

TITLE: Active Living: How Can Public Leisure Services Facilitate the Active Living Agenda

The Brock University Research Ethics Board has reviewed the above research proposal.

DECISION: Accepted as clarified.

This project has received ethics clearance for the period of June 4, 2007 to December 31, 2007 subject to full REB ratification at the Research Ethics Board's next scheduled meeting. The clearance period may be extended upon request. ***The study may now proceed.***

Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and cleared by the REB. During the course of research no deviations from, or changes to, the protocol, recruitment, or consent form may be initiated without prior written clearance from the REB. The Board must provide clearance for any modifications before they can be implemented. If you wish to modify your research project, please refer to <http://www.brocku.ca/researchservices/forms> to complete the appropriate form **Revision or Modification to an Ongoing Application.**

Adverse or unexpected events must be reported to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants and the continuation of the protocol.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research protocols.

The Tri-Council Policy Statement requires that ongoing research be monitored. A Final Report is required for all projects upon completion of the project. Researchers with projects lasting more than one year are required to submit a Continuing Review Report annually. The Office of Research Services will contact you when this form ***Continuing Review/Final Report*** is required.

Please quote your REB file number on all future correspondence.

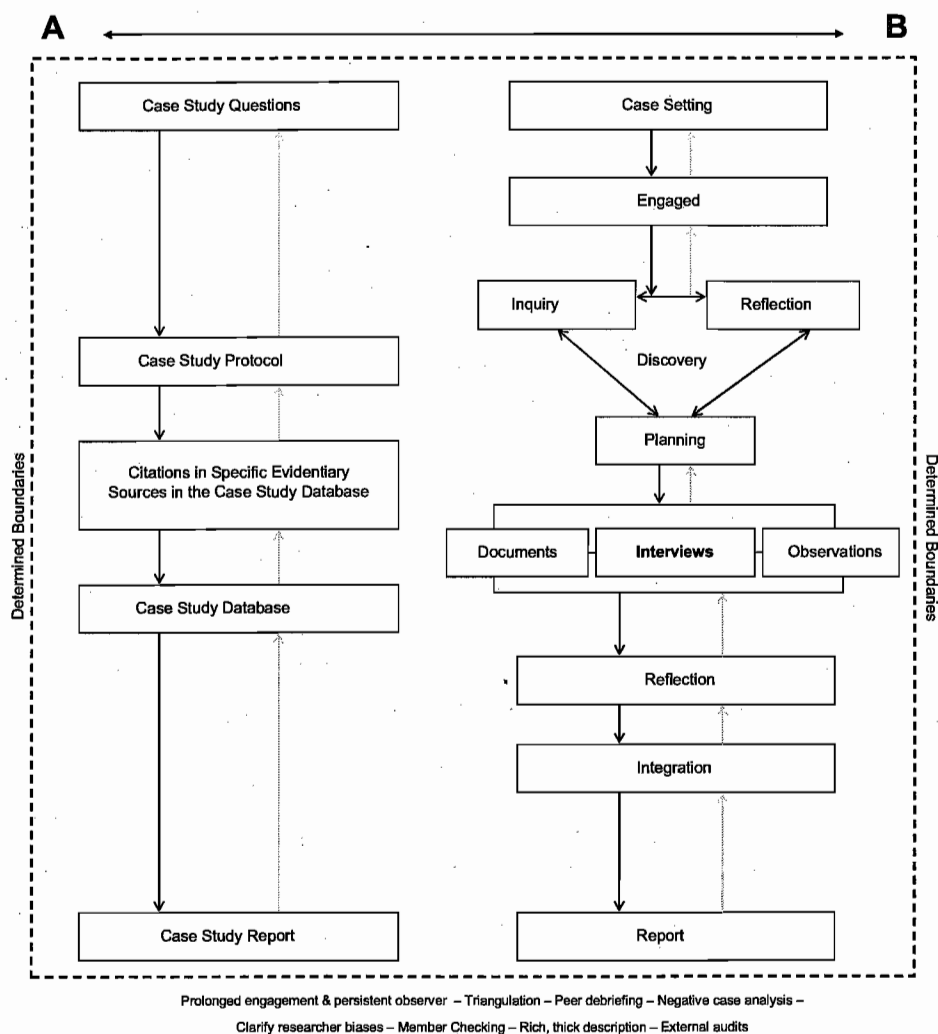
LRK/bb

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Office of Research Ethics, MC D250A
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<http://www.brocku.ca/researchservices/ethics/humanethics/>

Confidentiality Notice: This e-mail, including any attachments, may contain confidential or privileged information. If you are not the intended recipient, please notify the sender by e-mail and immediately delete this message and its contents. Thank you. No virus found in this incoming message. Checked by AVG - <http://www.avg.com> Version: 8.0.176 / Virus Database: 270.10.7/1894 - Release Date: 14/01/09 7:27 PM

Appendix T

Figure A5. Flow of Inquiry



Flow of inquiry [A] adapted from Yin (2003) and flow of inquiry [B] adapted from Lejano (2006) and Lincoln and Guba 1985